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ABSTRACT

This booklet provides data and information to show that substance abuse prevention is working and encourages all sectors of society to become involved. Twenty percent of the document features background information about what's working to prevent substance abuse, lists of risk and protective factors, data that show the relationship between substance abuse and society's problems, and organizational and bibliographic resources. Eighty percent of the document consists of a chart book of camera-ready facts, figures, charts, and graphs that can serve as a quantitative primer to prevention. The fact sheets summarize data that establish alcohol, tobacco, and other drugs as significant cofactors in other major public concerns. The sheets were designed to raise awareness and help generate support for prevention programs and policies among legislators, business leaders, media, educators, health care providers, and others in the community. The information is designed to accommodate the needs of diverse groups of organizations, individuals, and levels of government. Among the materials designed to enlist the help of the media are samples of a press announcement; an opinion editorial; a letter to the editor, along with a sample cover letter; a public service announcement; and newspaper ads. A fold-out chart gives a point-by-point strategy for reaching the media, and offers advice on how to place public service ads and announcements. (RJM)

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MAKING PREVENTION WORK

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Center for Substance Abuse Prevention

Center for Substance Abuse Prevention
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PreventionWORKS!

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MAKING PREVENTION WORK

Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
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Mission Statement:
Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) supports and promotes the continued development of community, State, national and international comprehensive prevention systems. CSAP strives to connect people and resources with effective and innovative ideas, strategies, and programs aimed at reducing and eliminating alcohol, tobacco, and other drug (ATOD) problems in our society. CSAP's prevention programs and models, tailored to specific cultures and locales, capitalize on broad-based community involvement and enhanced public and professional awareness of prevention.

CSAP is one of three centers under the Substance Abuse and Mental Health Services Administration (SAMHSA), a part of the Public Health Service, U.S. Department of Health and Human Services. The other two centers are the Center for Substance Abuse Treatment (focusing primarily on treatment) and the Center for Mental Health Services (focusing on the prevention and treatment of mental disorders).

Foreword

There is a common thread that runs through many of the worst ills plaguing society. In the examination of contributing factors to crime, violence, child abuse, HIV/AIDS, the health care crisis, and the deficit, one element linked to all of these stands out—substance abuse.

The cost to society of alcohol, tobacco, and drugs was nearly $400 billion in 1993. Preventing substance abuse could substantially decrease many of the Nation's problems and counter a tremendous drain on our human and economic resources.

This booklet, *Making Prevention Work*, provides data and information to show that prevention is working and encourages all sectors of society to become involved in this exciting public health challenge. *Making Prevention Work* makes clear why we *must* prevent substance abuse if we really hope to reduce crime, violence, school failure, teen pregnancy, unemployment, homelessness, HIV/AIDS, diminished productivity and competitiveness, highway death, and escalating health care costs.

If you are interested in preventing alcohol, tobacco, and drug problems, I urge you to read and share *Making Prevention Work* with opinion leaders, community groups, and individuals in your area. Let's make prevention work for everyone.

Sincerely yours,

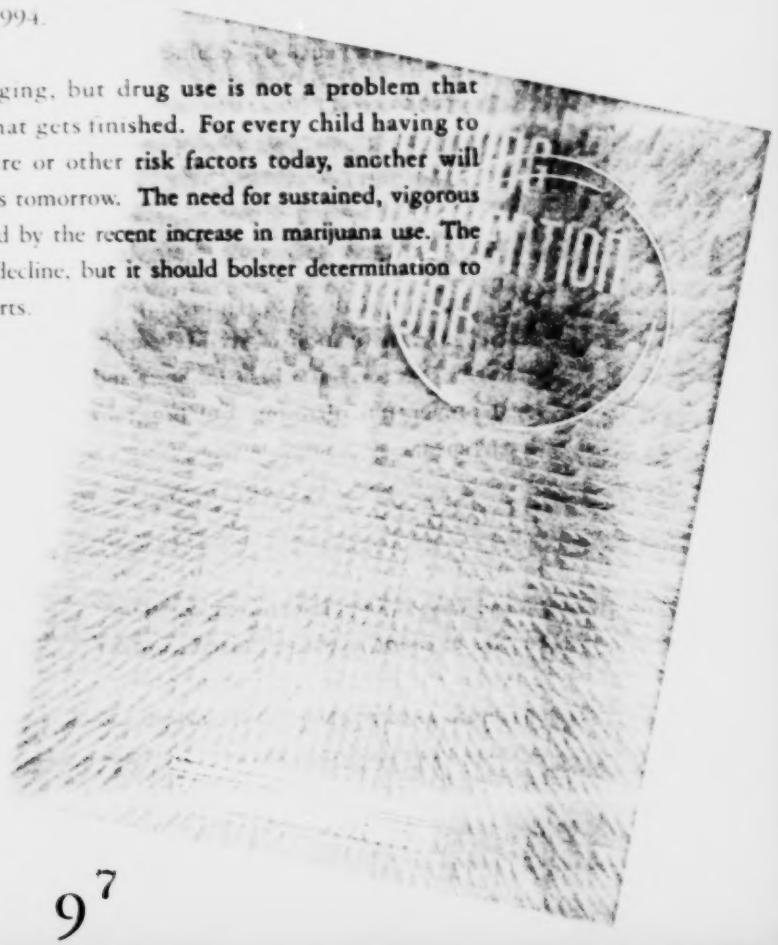
Elaine M. Johnson, Ph.D.
Director
Center for Substance Abuse Prevention

The Power of Prevention

The magnitude and complexity of alcohol and other drug problems in the United States can be overwhelming. The stories of lives destroyed or prematurely ended by the use of these substances are so common and so disturbing that it is easy to lose sight of the progress we have made. Recent years have brought a dramatic increase in society's awareness and willingness to act to reduce the problems associated with alcohol and other drugs. Private citizens and public officials have become more willing to make the prevention of these problems a personal and national priority. A growing body of knowledge now gives us important insight into why these problems occur and effective strategies that can be used to prevent them.

Today, Americans are seeing results. Alcohol-related car crashes and fatalities among the young have decreased, meaning that there are many more teenagers who will be responsible, productive citizens in the years to come. There are fewer people with severe alcohol-related problems such as liver cirrhosis than before, and cocaine use among high school seniors has declined from a high of 17 percent in 1985 to 6 percent in 1994.

This progress is very encouraging, but **drug use is not a problem that ends; prevention is not a job that gets finished. For every child having to** deal with negative peer pressure or other **risk factors today, another will** have to face these same problems tomorrow. **The need for sustained, vigorous** prevention efforts is demonstrated by the **recent increase in marijuana use. The** increase is slight, after years of decline, but **it should bolster determination to** maintain effective prevention efforts.



The Comprehensive Public Health Model

Charged in 1986 with providing guidance and leadership in the Nation's prevention efforts, the Center for Substance Abuse Prevention (CSAP) has been developing benchmarks, guidelines, and standards for effective prevention programs, including ideal performance characteristics and performance indicators. These advances in prevention strategies are building on the public health framework that began to emerge in the late 1970s in response to increasing understanding about the relationship between all three components of alcohol and other drug problems—the substance, the individual, and the environment within which use is initiated, reinforced, and habituated. Prevention became more comprehensive and sophisticated in nature as each of these three components was systematically analyzed.

To provide the backbone of a comprehensive prevention program, CSAP has, in conjunction with State representatives, derived a classification of six prevention strategies that serve as a basis for State and local prevention planning and program development.

1. Information Dissemination

Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. It is a way to provide awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and their effects on individuals, families, and communities. Information dissemination also involves making others aware of available prevention programs and services. Examples of activities conducted and methods used for this prevention strategy include:

- Clearinghouse/information resource centers
- Resource directories
- Media campaigns
- Brochures
- Radio/television public service announcements
- Speaking engagements
- Health fairs
- Information lines/hotlines

2. Education

Involves two-way communication and is distinguished from the information dissemination strategy by interaction between an educator/facilitator and participants. Activities under this strategy aim to affect critical life and social skil including decisionmaking, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities. Examples of activities conducted and methods used for this prevention strategy include:

- Classroom and/or small group sessions
- Parenting and family management classes

- Peer leader/helper programs
- Education programs for youth groups
- Children of substance abusers groups
- Mentoring programs
- Preschool alcohol and drug prevention programs

3. Alternatives

Provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize resorting to such substances. Examples of activities conducted and methods used for this prevention strategy include the following:

- Alcohol-, tobacco-, and other drug-free dances and parties
- Youth/adult leadership activities
- Community drop-in centers
- Community service activities
- Outward-Bound-type programs
- Recreation activities

4. Problem Identification and Referral

Aims at identification of those individuals who have engaged in illegal/age-inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs. After identification, it is determined if behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this prevention strategy include the following:

- Employee assistance programs
- Student assistance programs
- Driving while under the influence/driving while intoxicated education programs

5. Community-Based Process

Aims to enhance the ability of the community to provide more effective prevention and treatment services for alcohol, tobacco, and drug abuse disorders. Activities in this strategy include enhancing efficiency and effectiveness of services, implementing those services, collaborating with other agencies, coalition building, and networking. Examples of activities conducted and methods used for this prevention strategy include the following:

- Community and volunteer training (e.g., neighborhood action training), training of key people in the system, staff/officials training
- Systematic planning
- Coordinating and collaborating with other agencies
- Accessing services and funding
- Community team-building

6. Environmental

Seeks to establish or change written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs in the general population. This strategy is divided into two

sub-categories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.Examples of activities conducted and methods used for this prevention strategy include the following:

- Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools
- Providing technical assistance to communities to maximize local enforcement procedures
- Governing availability and distribution of alcohol, tobacco, and other drugs
- Modifying alcohol and tobacco advertising practices and product pricing strategies

NEW CSAP TOOLS

Within the past few years, CSAP has launched several initiatives to strengthen State and local prevention program design based on the latest available research and evaluation data. Three are discussed below.

1. Guidelines and Benchmarks for Effective Prevention Programming

Researchers, policymakers, and concerned citizens agree that alcohol and other drug problem prevention is critical to the Nation's health. Preventive approaches are no more optional in the containment of alcohol and other drug problems than they are in the containment of HIV/AIDS, youth violence, or any other preventable public health problem.

As the momentum shifts toward a public health and preventive approach to these problems, the issue of effectiveness looms ever larger. Over the years, as prevention has matured as a science, a growing body of evaluation and analyses has been performed. This publication is a culmination of this process.

This document provides a simple, condensed presentation of guidelines and recommendations associated with successful prevention efforts. Chapters are included on: selection of appropriate strategies, interrelationships and structures, and implementation considerations.

The guidelines more fully articulated in this document recommend that programs:

(1) Know the target population;
(2) Set realistic goals;
(3) Find the empirical evidence which exists to support the prevention effort;
(4) Develop a sound conceptual framework for the effort;
(5) Involve key individuals and organizations in planning and implementation;
(6) Design and implement the effort to build on and support related efforts;
(7) Ensure that there are sufficient resources for accomplishing the objectives of the effort;
(8) Ensure that the effort is timely and has enough breadth, exposure, and impact to make a difference;

(9) Build in quality control measures to ensure that the effort is executed well; and

(10) Build in continuous tracking, documentation, evaluation, and feedback.

Developed by CSAP's National Center for the Advancement of Prevention, these guidelines and benchmarks are available from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

2. The Prevention Enhancement Protocols System (PEPS)

This pioneering initiative is designed to develop guidelines for specific programs and interventions for the field of alcohol and other drug problem prevention. This rigorous program involves five distinct, data-based steps to examine, analyze, and validate a given prevention activity for application in the field.

To date, two protocols have been developed—tobacco prevention protocols and local control of retail alcohol availability. A third protocol on family-centered approaches for preventing alcohol, tobacco, and other drug abuse is in progress.

3. National Structured Evaluation (NSE)

Experts evaluated more than 600 prevention modules as to their effectiveness. The findings from the NSE showed:

(1) The delivery of a comprehensive, coordinated, and complementary set of strategies is likely to lead to levels of effectiveness that are much greater than could be achieved with single strategies carried out in isolation.

(2) Communities should change public laws, policies, and practices to create environments that decrease the probability of alcohol and other drug abuse.

(3) Communities should help children develop the social skills and personal strengths needed to help them avoid alcohol and other drugs.

(4) Communities need to provide intensive counseling for adolescents who have been identified as at high risk for alcohol and other drug problems, with families included in these interventions.

(5) Prevention strategies should be tailored to the values, customs, and cultural heritage of the specific target groups.

(6) Prevention efforts should be developmentally and age-appropriate.

Questions

and Answers

1. What is prevention?

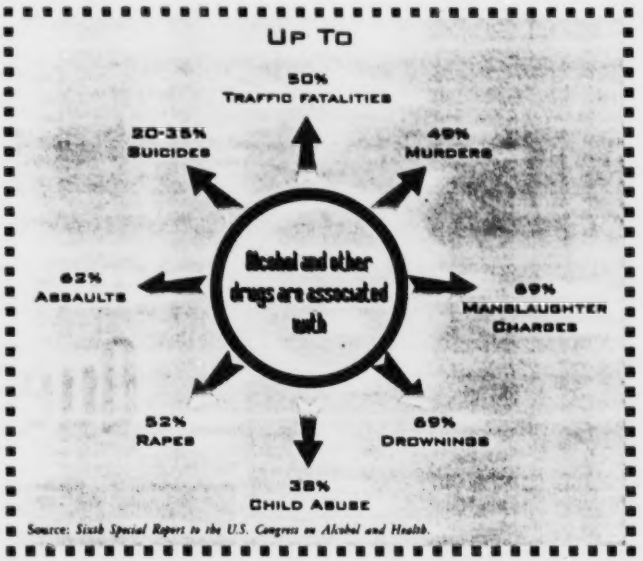
Prevention is the sum of our efforts to ensure healthy, safe, and productive lives for all Americans. Prevention promotes constructive lifestyles that discourage drug abuse and promotes development of social environments that facilitate drug-free lifestyles. As applied to alcohol, tobacco, and other drugs (ATOD), prevention means keeping the many problems related to the use and abuse of these substances from occurring.

Successful ATOD problem prevention means that underage youth, pregnant women, and others at high risk do **not** use alcohol, tobacco, or other drugs.

Prevention reduces the risk of danger and fosters a safe environment. Successful prevention leads to reductions in traffic fatalities, violence, HIV/AIDS and other sexually transmitted diseases (STDs), rape, teen pregnancy, child abuse, cancer and heart disease, injuries and trauma, and other problems associated with substance abuse. It is a dynamic process that must relate to and continue through every emerging generation. Thanks to prevention, our children stay in school. Our workers stay on the job. Prevention works! Let's make prevention work for everyone!

2. Why is prevention of ATOD problems important?

ATOD problems cost years of quality life. And, they cost money. For example, alcohol and other drug problems cost each man, woman, and child in America $960 a year, or nearly $240 billion.[1] If alcohol were never used carelessly in our society, about 100,000 fewer people would die annually from unnecessary illness and injury. Each year, smoking takes the lives of about 400,000[2] and passive smoking about 50,000.[3]



In addition, prevention efforts strengthen our communities, schools, families, and individuals. Drug dealers are less likely to infiltrate strong communities. Schools with strong policies against smoking and drinking are healthier. Family members who serve as healthy role models help inoculate their offspring. Mentors offer support for healthy individual development.

These facts also help explain why ATOD problem prevention is important:

- As many as 7 out of 10 manslaughter offenses occur after a person has been drinking or using other drugs.[4]
- Smoking and use of other tobacco products cause cancer and heart disease. Alcohol also may be a factor in these diseases.

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- The use and abuse of these substances frequently contribute to teen pregnancy, HIV/AIDS/STD transmission, child abuse, and other social problems.
- According to one analysis, persons who abuse alcohol and other drugs use two and one half times the medical benefits as non-abusers, and children of substance abusers also use more health care services.

Violence and disease represent large costs to taxpayers struggling with a record-setting deficit and ever increasing health care costs. Prevention means less money must be spent on preventable diseases. Incarceration is one part of the cost of violence and crime associated with ATOD problems. Violence diverts law enforcement personnel, clogs the courts, causes economic loss and mental anguish for victims, and dulls the potential of our Nation and our people.

Without prevention, young people make unhealthy and unsafe choices, jeopardizing our future abilities to compete in the global marketplace. We are unable to foster vital communities and ensure our Nation's vitality. Alcohol, tobacco, and other drug problems reduce human capital—people who can be working, paying taxes, making neighborhoods safe, and enhancing our ability as a country to compete in the global economy.

3. What is the importance of prevention in controlling health care costs?

Prevention is a major key to reduced health care costs. We can reduce costs associated with:

- Spinal cord and head injuries resulting from alcohol- and drug-impaired driving.
- Health, education, and rehabilitation costs associated with children born with Fetal Alcohol Syndrome or who are addicted, at birth, to illegal drugs.
- Chemotherapy and radiation for treatment of cancer occurring in passive smokers.
- ATOD-related emergency room visits.
- Imaging for broken bones and internal injuries associated with alcohol and other drug use.
- Burn treatment and rehabilitation for persons injured by cigarette-caused fires.

According to one analysis, we could reduce the Nation's expenditures on health care by $14 billion if alcohol and other drug problems were prevented.[1]

4. What do we now spend on ATOD problem prevention efforts?

Currently, the Federal Government spends about $50 per person each year on prevention, treatment, and interdiction related to fighting drug problems.[6]

5. How can prevention efforts reduce costs and boost the economy?

In two ways. As stated above, prevention can help reduce health care costs. Second, if we can keep our children in school and learning the skills they need, and if we can keep our workers productive in the workforce, we will boost revenues in a highly competitive environment.

We will produce the goods and services needed to expand our resources to reduce the deficit.

6. How do we know that prevention works?

Percentages of the population engaging in high-risk behaviors are decreasing.

For instance, in 1979, 37 percent of all adolescents ages 12 to 17 drank alcohol in the past month. By 1992, that number dropped to 16 percent.[7] The incidence of liver cirrhosis also has dropped significantly.[8] As a result of minimum drinking age laws, almost 14,000 lives have been saved that would have been lost in alcohol-related traffic fatalities.[9]

7. Why should we continue to invest resources in prevention?

There are two very important reasons. First, we have to set up more intensive and repetitive interventions among those who have not been easily persuaded by previous efforts. For example, there are still over 8 million youngsters who drank illegally in the last month.[10] There are young people and adults who are at very high risk, for example, school failures, runaways, those who have been abused, children of substance abusers, and those living in high-risk environments. We have not yet achieved great success with these high-risk audiences despite demonstrations of promising approaches.

Second, if prevention efforts are not continued at an intensive level, the gains fall off. Young people entering school today, for instance, believe that smoking is harmful, but the rates of smoking begin to increase without "resistance" skills training and practice, policies that restrict availability, and other prevention efforts. Because prevention efforts have decreased, significant gains have not been made in reducing the use of tobacco products by youths.

If we do not continue prevention efforts, diseases return. The recent resurgence of tuberculosis and measles underlines what happens when prevention efforts are not sustained.

8. How does prevention work?

Several strategies are used effectively, especially in combination (see pages 8-10 for more description of these strategies):

- Information Dissemination
- Prevention Education
- Alternatives
- Problem Identification and Referral

- Community-Based Process
- Environmental Approach

9. Who should practice prevention?

Everyone. **Policymakers** can deliberate after assessing the impact of policy decisions on alcohol, tobacco, and other drug problems, for example: zoning regulations for liquor stores, excise taxes on alcohol and tobacco, and the access to alcohol by youth at sports stadiums. **Educators** can weave prevention themes and messages into their skill-building exercises—regardless of content—in science, math, reading, and social studies. **The faith community** can help set low-risk community norms. **Youth-serving organizations** can offer alternatives or mentoring programs. **Parents and older siblings** can serve as role models and reinforce healthy lifestyle choices and have a good dialogue about drugs, AIDS, and other sensitive topics. **Grandparents** can help children practice refusal skills. **Media representatives** can develop stories celebrating youth who have chosen not to drink, smoke, or use drugs; stations can air public service announcements and programs. **Governments** can transfer knowledge about what works, with whom, and under what conditions. **Law enforcement personnel** can enforce laws related to driving under the influence and sale of tobacco and alcohol to minors.

Health care providers can conduct 5-minute screenings at lifecycle points in their patients' lives, for example, when children enter school, when they get sports or camp physicals, when they enter college, when they get married, when they consider pregnancy, when they enter the job market, when they experience a crisis, or when they retire. **Pharmacists** can provide information about the harms associated with alcohol abuse, tobacco, and illicit drug use as well as with mixing medications and alcohol and tobacco. **Businesses** can sponsor alternative programs for youth, skill-building seminars, and mentoring programs. **Volunteers** can become "friends" to children of substance abusers. **Child welfare** workers can look for signs of alcohol or drug abuse in the home and make referrals.

10. What is the Center for Substance Abuse Prevention promoting?

A society of people who make low-risk or no risk decisions about alcohol, tobacco, and other drugs. Such decisions greatly reduce the incidence and prevalence of injury, disease, and death associated with the use and abuse of these substances. And, these decisions produce a society that encourages early identification and treatment of those who already have ATOD problems.

11. How is CSAP's position on drinking alcoholic beverages different from temperance and prohibition models?

For those 21 and over, CSAP discourages high-risk drinking and drinking that places the drinker or others at risk of harm—such as drinking by drivers, pregnant women, or people who are alcohol dependent or alcoholic. CSAP follows the *Dietary Guidelines for Americans* of the U.S. Departments of Health and Human Services and Agriculture that recommend men limit themselves to two drinks per day and women to one drink per day. CSAP also supports those who voluntarily abstain from alcohol and other drugs for health, safety, religious, or cultural reasons.

12. What are the major needs for substance abuse prevention?

- Better studies to assess exactly what prevention services and policies work best for whom and under what conditions. For example, what works best for high sensation-seeking youth? What works best in communities beset with high levels of unemployment, poverty, and crime? What works best with men who have few personal support systems?
- Additional resources for implementation of prevention policies and practices at the community level, especially where hopelessness, despair, and poverty prevail.
- Expanded resources for addressing the myths and misconceptions about ATOD use (for example, that alcohol intoxication is funny or is seen as a rite of passage for the young) and to increase the realistic perception of harm.
- More culturally appropriate prevention messages and mechanisms to reach audiences with less exposure to traditional information channels.
- Ways to change norms—especially within high-risk environments, for example, college and university campuses, military installations, and high crime areas.
- A reduction in the disproportionate share of messages aimed at promoting alcohol and tobacco products among low-income populations.
- A decrease of availability and access to alcohol and tobacco products by youth.

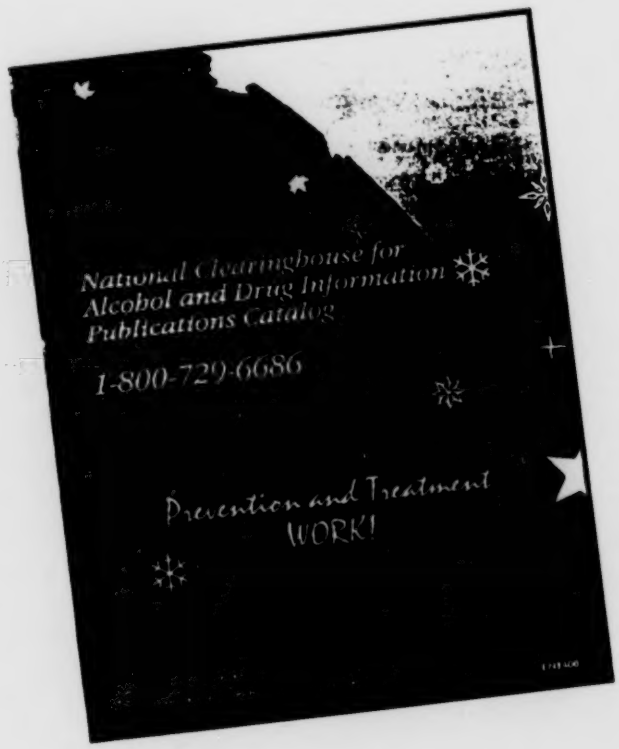
13. Who benefits from prevention?

Everyone benefits from prevention. We already practice many types of prevention—when we brush our teeth, fasten our safety belts, and look both ways before crossing an intersection. We keep medicines, poisons, weapons, and sharp instruments out of children's reach. We read the warning labels of over-the-counter and prescription drugs. We encourage good nutrition and physical fitness. We limit our intake of fat and salt.

We protect the safety of our food and water, our housing, and our automobiles.

We make prevention happen in many ways and benefit from the results. Our children are not poisoned. We have fewer injuries. We do not experience overdoses. We avoid obesity and related illness.

We can do the same in terms of preventing alcohol, tobacco, and other drug problems and reap many benefits. Let's make prevention a priority. Let's keep our children in school, our workers employed, and our country on the leading edge in the global competition.



14. How do I get additional information?

Call or write the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686; P.O. Box 2345 Rockville, MD 20852. Free materials will be sent to you within 4 to 6 weeks.

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1. Estimate for 1990 from *Substance Abuse: The Nation's Number One Health Problem*. Robert Wood Johnson Foundation, 1993.

2. McGinnis, Journal of the American Medical Association, November 10, 1993.

3. The August 1992 issue of *Circulation*, published by the American Heart Association, attributed the following annual deaths related to passive smoking: 3,800 lung disease; 37,000 cardiovascular disease; 2,500 perinatal. The January 1, 1992 issue of JAMA estimated 35,000 to 40,000 deaths from heart disease due to passive smoking.

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9. Youth Fatal Crash and Alcohol Facts 1993, National Highway Traffic Safety Administration, U.S. Department of Transportation.

10. *National Household Survey on Drug Abuse: Population Estimate 1993*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Washington, DC.

Risk

Factors

Risk Factors

Risk factors are characteristics that occur statistically more often for those who develop alcohol and other drug problems, either as adolescents or as adults. Recent research points to a considerable number of such factors, including individual, family, and social/cultural characteristics. The following information from J.D. Hawkins, R.F. Catalano, and J.Y. Miller's *Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention* lists these factors:

Community Environment

Living in an economically depressed area with:

- High unemployment
- Inadequate housing
- High prevalence of crime
- High prevalence of illegal drug use

Minority status involving:

- Racial discrimination
- Culture devalued in American society
- Differing generational levels of assimilation
- Cultural and language barriers to getting adequate health care and other social services
- Low educational levels
- Low achievement expectations from society

Family Environment

- Alcohol and other drug dependency of parent(s)
- Parental abuse and neglect of children
- Antisocial or mentally ill parents
- High levels of family stress, including financial strain
- Large, overcrowded family
- Unemployed or underemployed parents
- Parents with little education
- Socially isolated parents
- Single female parent without family/other support
- Family instability
- High level of marital and family conflict and/or family violence
- Parental absenteeism due to separation, divorce, or death
- Lack of family rituals
- Inadequate parenting and little parent/child contact
- Frequent family moves

Constitutional Vulnerability of the Child

- Child of an alcohol or other drug abuser
- Less than 2 years between the child and its older/younger siblings
- Birth defects, including possible neurological and neurochemical dysfunctions
- Neuropsychological vulnerabilities
- Physical disabilities
- Physical or mental health problems
- Learning disabilities

Early Behavior Problems

- Aggressiveness combined with shyness
- Aggressiveness
- Decreased social inhibition
- Emotional problems
- Inability to express feelings appropriately
- Hypersensitivity
- Inability to cope with stress
- Problems with relationships
- Cognitive problems
- Low self-esteem
- Difficult temperament
- Overreacting

Adolescent Problems

- School failure and dropout
- At risk of dropping out
- Delinquency
- Violent acts
- Gateway drug use
- Other drug use and abuse
- Early unprotected sexual activity
- Teen pregnancy/parenthood
- Unemployed or underemployed
- At risk of being unemployed
- Mental health problems
- Suicidal

Negative Adolescent Behavior and Experiences

- Lack of bonding to society (family, school, and community)
- Rebelliousness and nonconformity
- Resistance to authority
- Strong need for independence
- Cultural alienation
- Fragile ego
- Feelings of failure
- Present versus future orientation
- Hopelessness
- Lack of self-confidence
- Low self-esteem
- Inability to form positive close relationships
- Vulnerability to negative peer pressure

Risk factors are only indicators for the potential of problem occurrence. While they can be helpful in identifying children who are vulnerable to developing alcohol or other drug problems, they are not necessarily predicative for an individual child. Children growing up under adverse conditions often mature into healthy, well-functioning adults. In addition, the use of risk factors to label children poses its own risk. Consequently, there is increasing attention on those factors which seem to protect children from developing alcohol or other drug problems.

There are no simple solutions for helping youth at high risk for developing alcohol or other drug problems. Reducing risk factors and fostering resiliency are part of a comprehensive approach to prevention and are consistent with a public health approach to reducing problems.

Reference

J.D. Hawkins, R.F. Catalano, and J.Y. Miller, "Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention," *Psychological Bulletin* 112 (1): 64–105, July 1992.

Protective

Factors

Protective Factors

The following information from J.D. Hawkins, R.F. Catalano, and J.Y. Miller's *Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention* lists these youth protective factors:

- Community Environment
  - Middle or upper class
  - Low unemployment
  - Adequate housing
  - Pleasant neighborhood
  - Low prevalence of neighborhood crime
  - Good schools
  - Schools that promote learning, participation, and responsibility
  - High-quality health care
  - Easy access to adequate social services
  - Flexible social services providers who put clients' needs first

- Family Environment
  - Adequate family income
  - Structured and nurturing family
  - Parents who promote learning
  - Fewer than four children in family
  - Two or more years between the birth of each child
  - Few chronic stressful life events
  - Multigenerational kinship network
  - Non-kin support network, e.g., supportive role models, dependable substitute child care
  - Warm, close personal relationship with parent(s) and/or other adult(s)
  - Little marital conflict
  - Family stability and cohesiveness

  - Plenty of attention during first year of life
  - Sibling as caretaker/confidante
  - Clear behavior guidelines

- Constitutional Strengths
  - Adequate early sensorimotor and language development
  - High intelligence
  - Physically robust
  - No emotional or temperamental impairments

- Personality of the Child
  - Affectionate/endearing
  - Easy temperament
  - Autonomous
  - Adaptable and flexible
  - Positive outlook
  - Healthy expectations
  - Self-efficacy

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- Self-discipline
- Internal locus of control
- Problem-solving skills
- Socially adept
- Tolerance of people and situations

If the high-risk environment is the family itself—for instance if children are growing up in an alcoholic or drug-abusing family—studies suggest that they have a better chance of growing into healthy adulthood if they:

- Can learn to do one thing well that is valued by themselves, their friends, or their community;
- Are required to be helpful as they grow up;
- Are able to ask for help for themselves;
- Are able to elicit positive responses from others in their environment;
- Are able to distance themselves from their dysfunctional families so that the family is not their sole frame of reference;
- Are able to bond with some socially valued, positive entity such as school, community group, church, or another family;
- Are able to interact with a caring adult who provides consistent caring responses.

Protective factors along with risk factors need to be more widely publicized for the use of parents, gatekeepers, and prevention planners. While many of the factors listed are the result of external forces, those factors that may be taught or instilled in children can provide some protection to youth at high risk for alcohol or other drug problems.

Reference

J.D. Hawkins, R.F. Catalano, and J.Y. Miller. "Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention." *Psychological Bulletin* 112 (1): 64-105, July 1992.

Resources

Resources

Alcoholism and Substance Abuse Program
Branch of the Indian Health Service
5300 Homestead Road NE.
Albuquerque, NM 87110
phone 505-837-4121
fax 505-837-4129

American Council for Drug Education
136 East 64th Street
New York, NY 10021
phone 212-758-8060 or 1-800-488-3784
fax 212-758-6784

Center on Addiction and Substance Abuse
Columbia University
152 West 57th Street
New York, NY 10019
phone 212-841-5200
fax 212-956-8020

Center for Substance Abuse Prevention
Rockwall II
5600 Fishers Lane, Suite 900
Rockville, MD, 20852
phone 301-443-0373
fax 301-443-5592

Children of Alcoholics Foundation, Inc.
555 Madison Avenue, 20th floor
New York, NY 10163
phone 212-754-0656 or 1-800-359-2623
fax 212-754-0664

Community Anti-Drug Coalitions of America
701 North Fairfax Street
Alexandria, VA 22314-2045
phone 1-800-54-CADCA
fax 703-706-0565

Drug Strategies
2445 M Street NW.
Suite 480
Washington, DC 20037
phone 202-663-6090
fax 202-663-6110

Hispanic/Latino Community Prevention
Network
East Coast:
phone 508-580-7177
West Coast:
phone 408-479-5324 or 805-564-6778

Institute on Black Chemical Abuse
2616 Nicollet Avenue South
Minneapolis, MN 55408
phone 612-871-7878
fax 612-871-2567

International Institute for Inhalant Abuse
450 West Jefferson Avenue
Englewood, CO 80110
phone 1-800-832-5090
fax 303-788-1860

Just Say No International
2101 Webster Street, Suite 1300
Oakland, CA 94612
phone 1-800-258-2766
fax 510-451-9360

Mothers Against Drunk Driving
511 East John Carpenter Freeway
Suite 700
Irving, TX 75062
phone 214-744-MADD or 1-800-Get MADD
fax 214-869-2206

National Asian Pacific American Families
Against Substance Abuse, Inc.
420 East 3rd Street, Suite 909
Los Angeles, CA 90013-1602
phone 213-278-0031
fax 213-617-2012

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
phone 301-468-0985
fax 301-468-0987

National Association for Native American
Children of Alcoholics, Inc.
1402 3rd Avenue, Suite 1110
Seattle, WA 98101
phone 206-467-7686 or 1-800-322-5601
fax 206-467-7689

National Association of Lesbian and Gay
Alcoholism Professionals
1147 South Alvarado Street
Los Angeles, CA 90006
phone 213-381-8524
fax 213-381-8525

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National Association of Prevention Professionals and Advocates
1228 Breckenridge Street
Louisville, KY 40204
phone 502-583-6820
fax 502-583-6832

National Association of State Alcohol and Drug Abuse Directors and National Prevention Network
444 North Capitol Street NW.
Suite 642
Washington, DC 20001
phone 202-783-6868
fax 202-783-2704

National Black Alcoholism Council, Inc.
1629 K Street, NW., Suite 802
Washington, DC 20006
phone 202-296-2696
fax 202-775-7465

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
phone 1-800-729-6686
fax 301-468-3059

National Coalition of Hispanic Health and Human Services Organizations
1501 16th Street, NW.
Washington, DC 20036
phone 202-387-5000
fax 202-797-4353

National Council on Alcoholism and Drug Dependence, Inc.
12 West 21st Street, 7th Floor
New York, NY 10010
phone 212-206-6770 or 1-800-622-2255 or 1-800-475-4673
fax 212-645-1690

National Commission on Drunk Driving
1900 L Street NW., Suite 705
Washington, DC 20036
phone 202-452-6004
fax 202-223-7012

National Families in Action
2296 Henderson Mill Road, Suite 300
Atlanta, GA 30345
phone 404-934-6364
fax 404-934-7137

National Organization for Fetal Alcohol Syndrome
1815 H Street NW., Suite 1000
Washington, DC 20006
phone 202-785-4585 or 1-800-66-NOFAS
fax 202-466-6456

Office on Smoking and Health Centers for Disease Control and Prevention
4770 Buford Highway NE.
Mailstop K50
Atlanta, GA 30341
phone 1-800-CDC-1311 or 404-488-5705
fax 404-488-5939

Parents' Resource Institute for Drug Education
10 Park Place South, Suite 540
Atlanta, GA 30303
phone 404-577-4500
fax 404-688-6937

Students Against Driving Drunk
P.O. Box 800
Marlboro, MA 01752
phone 508-481-3568
fax 508-481-5759

Substance Abuse Librarians and Information Specialists
c/o Alcohol Research Library
2000 Hearst Avenue
Berkeley, CA 94709-4126
phone 510-642-5208
fax 510-642-7175

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Additional Readings

To order from the National Clearinghouse for Alcohol and Drug Information, call 1-800-729-6686.

Planning and Implementing a Prevention Program

Prevention Plus II

Guidelines and Benchmarks

Future by Design

Exemplary Programs: Prevention Programs That Work

Prevention Primer

Turning Awareness Into Action

Prevention*WORKS*! Discussion Paper

Volunteers in AOD Programs

Preventing Adolescent Drug Use: From Theory to Practice, CSAP Prevention Monograph 8

Breaking New Ground for Youth at Risk: Program Summaries, CSAP Technical Report 1

Breaking New Ground for American Indian and Alaska Native Youth at Risk: Program Summaries, CSAP Technical Report 2

Toward Preventing Perinatal Abuse of Alcohol, Tobacco, and Other Drugs, CSAP Technical Report 9

Findings from Prevention Demonstrations and Research Efforts

Findings from the CSAP High Risk Demonstration Programs

Promising Practices from CSAP's Community Partnership Program

Prevention Research Findings: 1988, CSAP Prevention Monograph 3

Experiences With Community Action Projects: New Research in the Prevention of Alcohol and Other Drug Problems, CSAP Prevention Monograph 14

Making Prevention Programs Culturally Appropriate

Cultural Competency Monograph Series

An African-Centered Model of Prevention for African American Youth at High Risk

Communicating About Alcohol and Other Drugs: Strategies for Reaching Populations at Risk, CSAP Prevention Monograph 5

The Second National Conference on Preventing and Treating Alcohol and Other Drug Abuse, HIV Infection, and AIDS in the Black Communities: From Advocacy to Action, CSAP Prevention Monograph 13

Evaluation Tools

Cultural Competency Monograph Series

Prevention Plus III

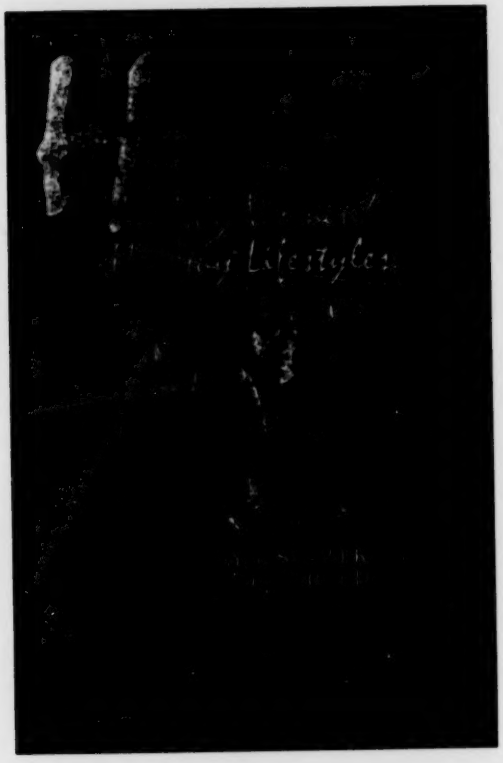
STEPP Evaluation Guide

General Information

How To Access Prevline via the Internet

PREVline can be accessed through the Internet via telnet (Internet: ncadi.health.org/ press ENTER/ User-id: new) or via telephone to: (301) 770-0850, User-id: new. Access is available from virtually anywhere in the world 24-hours-a-day.

The National Clearinghouse for Alcohol and Drug Information (NCADI) **Publications Catalog**, published quarterly, lists ATOD print and video materials available from the U.S. Public Health Service and specifically from its Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse; and the U.S. Departments of Education and Labor.



Prevention Pipeline, a bimonthly information service developed by the Center for Substance Abuse Prevention, offers current, comprehensive information about preventing alcohol and other drug problems. Each issue contains: Updates on CSAP's program activities; news about prevention efforts at the Federal, State and local levels; tips for getting prevention stories in the news; expanded coverage of current issues, such as college drinking; questions and answers about alcohol- and other drug-related issues; reprints of articles of topical interest; summaries of research findings that have immediate program application; abstracts of key research findings; descriptions of new audiovisual and print materials; and listings of alcohol and other drug conferences. *Pipeline* isavailable for $20 per year.

ATOD Resource Guides

African Americans
AIDS
Alcohol and Other Drug-Related Periodicals
American Indians/Alaska Natives
Asian and Pacific Islander Americans
Child Abuse
College Youth
Curriculum
Elementary Youth
Employee Assistance Programs
Faith Communities
Foundations
Hispanic Americans
Impaired Driving
Inhalants
Intervention
Lesbians, Gay Men, and Bisexuals
Older Americans
People With Disabilities
Pregnancy: Women, Teenagers, and Their Infants
Prevention in the Workplace
Rural Communities
Tobacco
Violence
Women
Youth in Low-Income Urban Environments

Call NCADI at 1800-729-6686 to place an order.

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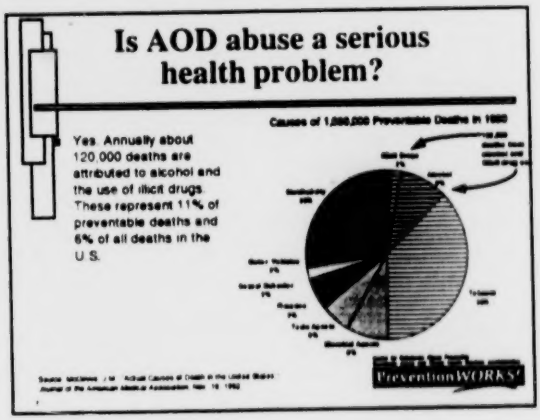
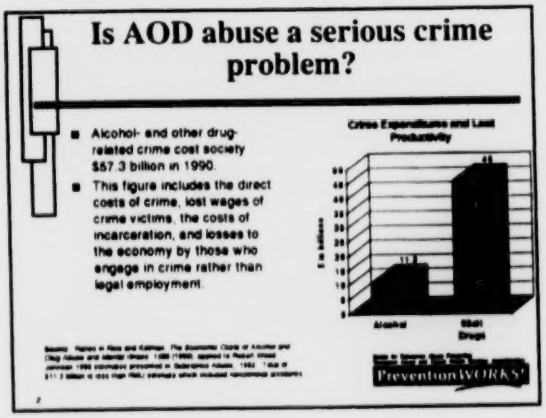
Drug Free for a New Century: A Chart Book (Examples)


Is AOD abuse a serious health problem?
Yes. Annually about 120,000 deaths are attributed to alcohol and the use of illicit drugs. These represent 11% of preventable deaths and 6% of all deaths in the U.S.
PreventionWORKS!


Is AOD abuse a serious crime problem?
Alcohol- and other drug-related crime cost society $57.3 billion in 1990.
This figure includes the direct costs of crime, lost wages of crime victims, the costs of incarceration, and losses to the economy by those who engage in crime rather than legal employment.
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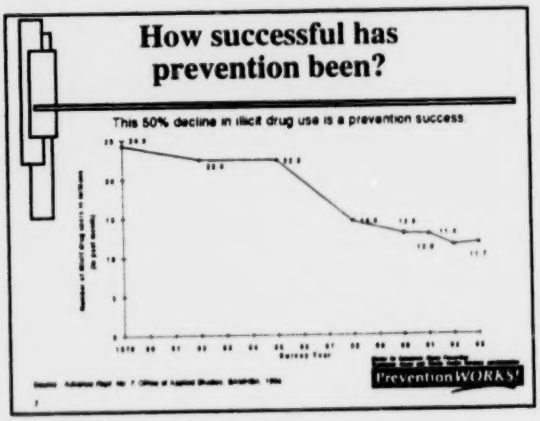
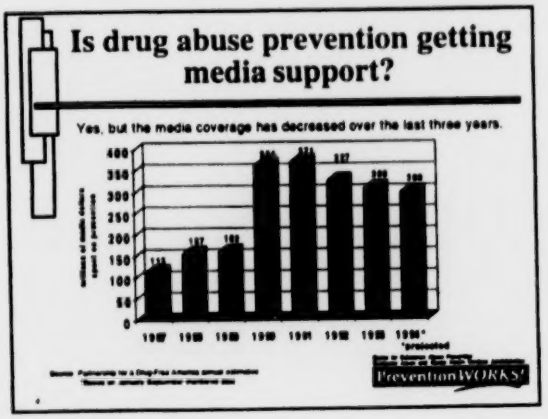
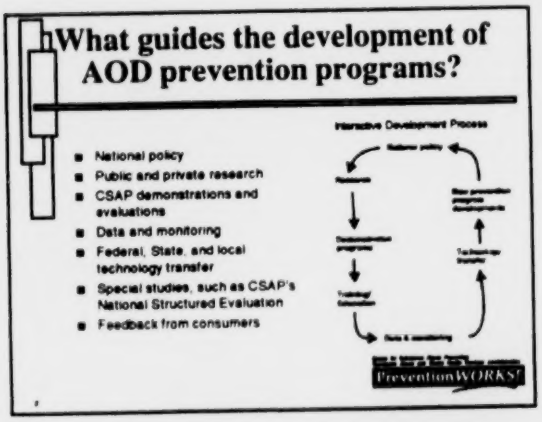



Is drug abuse prevention getting media support?
Yes, but the media coverage has decreased over the last three years.
PreventionWORKS!


What guides the development of AOD prevention programs?
National policy
Public and private research
CSAP demonstrations and evaluations
Data and monitoring
Federal, State, and local technology transfer
Special studies, such as CSAP's National Structured Evaluation
Feedback from consumers
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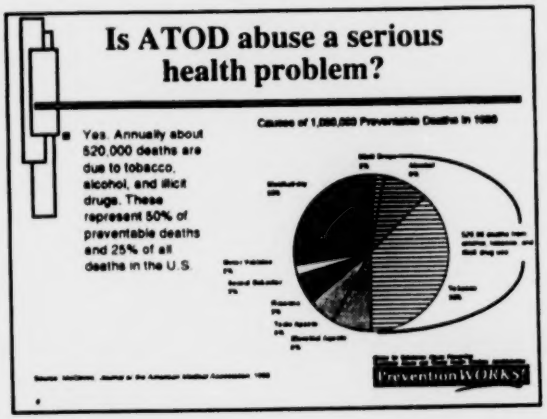
Is ATOD abuse a serious health problem?
Yes. Annually about 520,000 deaths are due to tobacco, alcohol, and illicit drugs. These represent 50% of preventable deaths and 25% of all deaths in the U.S.
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Notes

DHHS Publication No. (SMA) 95-120
Printed 1995

CSAP

Drug-Free for a New Century

A Chart Book by the
Center for Substance Abuse Prevention

September 1995

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

SAMHSA

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Substance Abuse and Mental
Health Services Administration
Rockville MD 20857

September 1995

Dear Colleague:

I am happy to provide you with an important new CSAP product for communicating the benefits of substance abuse prevention, **"Drug-Free for a New Century: A Chart Book."** This is a document that provides you with the latest facts about preventing drug abuse.

The CSAP chart book has been designed for easy duplication and adaptation for use in your presentations before groups and organizations interested in preventing alcohol and other drug abuse. You may want to copy selected pages as enclosures to mailings, handouts at meetings, or attachments to letters to media or decision makers when attempting to encourage others to become more involved in substance abuse prevention. The complete document is a comprehensive overview of substance abuse prevention issues, and can easily be made into overhead transparencies for group presentations. Individual charts offer excellent graphics for newsletters and bulletins. These materials are in the public domain; anyone is welcome and encouraged to copy them, incorporate them into other materials, and distribute them to others.

Current public- and private-sector discussions of how to best meet the needs of America's youth, and the environments in which they learn and grow, offer a unique opportunity to talk more about the need for substance abuse prevention if we are to reduce injury, disease, disability, and crime. Please help us make sure the valuable information in CSAP's chart book reaches all those who can further help prevent the tremendous problems associated with substance abuse.

I want to hear about your experiences in using this product. And I look forward to your ideas about making this important information accessible and useful to others.

Sincerely,

Elaine M. Johnson

Elaine M. Johnson, Ph.D.
Director
Center for Substance Abuse
Prevention

Prepared by
the Center for Substance Abuse Prevention (CSAP), an agency of
the Substance Abuse and Mental Health Services Administration,
Public Health Service, U.S. Department of Health and Human Services
September 1995

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Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
PreventionWORKS!

Prevention Questions

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Substance Abuse and Mental Health Services Administration

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What is the Institute of Medicine's (IOM) definition of prevention?

- "To prevent" literally means "to keep something from happening."
- The term "prevention" is reserved for those interventions that occur before the initial onset of disorder.

Source: Mrazek, P.J. and Haggerty, R.J., Eds., *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*, Institute of Medicine, 1994

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What does prevention include?

- *Universal preventive interventions*...targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
- *Selective preventive interventions*...targeted to individuals or a subgroup of the population whose risk...is significantly higher than average.
- *Indicated preventive interventions*...targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms...but who do not meet...diagnostic levels at the present time.

Source: Mrazek, P.J. and Haggerty, R.J., Eds., *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*, Institute of Medicine, 1994.

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What is CSAP's operational definition of prevention?

Prevention is:

- The promotion of constructive lifestyles and norms that discourage drug use.
- The development of social and physical environments that facilitate drug-free lifestyles.

Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation.

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Why do people use alcohol/drugs?

- Curiosity
- Belief that drugs improve physical and mental performance
- Belief that drugs are not harmful
- Belief that drugs alleviate the symptoms of depression
- As an attempt to cope with traumatic experiences, for example, childhood sexual abuse or school failure
- Sensation-seeking behavior
- Substance use by family members
- Peer pressure
- Community norms
- Exposure to pro-use message in mass media
- Access and availability

Sources: *Drug Abuse and Drug Abuse Research*, National Institute on Drug Abuse, 1991, and Hawkins, J.D., Catalano, R.F., and Miller, J.W., "Risk and Protection Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood," *Psychological Bulletin*, No. 112, 1992.

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What are the basic prevention strategies?

- *Raise awareness* of the dangers of drug use and the benefits of constructive behavior.
- *Promote good parenting skills* and strengthen the family as the first defense against drug abuse.
- *Build academic/vocational skills* to allow individuals the potential of developing into contributing members of society.
- *Provide mentoring and positive role modeling* for youth.
- *Build social skills* to enable the development of strong self-image that leads to positive life decisions.
- *Mobilize communities* to establish environments enhancing positive personal development.
- *Strengthen and support policies* that promote healthy lifestyles and change community norms.

Source: CSAP, National Prevention System, 1995.

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What have we learned from the evaluation of prevention?

- No single approach works for everyone.
- Among adolescents and younger children, a psychosocial approach emphasizing personal skills development and task-oriented training often reduces AOD use.
- Among adults, changing the policies, regulations, and laws to alter the community environment reduces AOD problems.
- Among adolescents at significant risk, individual counseling and family intervention show promise in affecting long-term risk and protective factors.
- Sensitivity to and inclusion of the cultural values of the target community enhances effectiveness.

Sources: *The National Structured Evaluation of Alcohol and Other Drug Abuse Prevention, Executive Summary*, Substance Abuse and Mental Health Services Administration, 1994, and *National Drug Control Strategy*, Office of National Drug Control Policy, February 1995.

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Substance Abuse and Mental Health Services Administration

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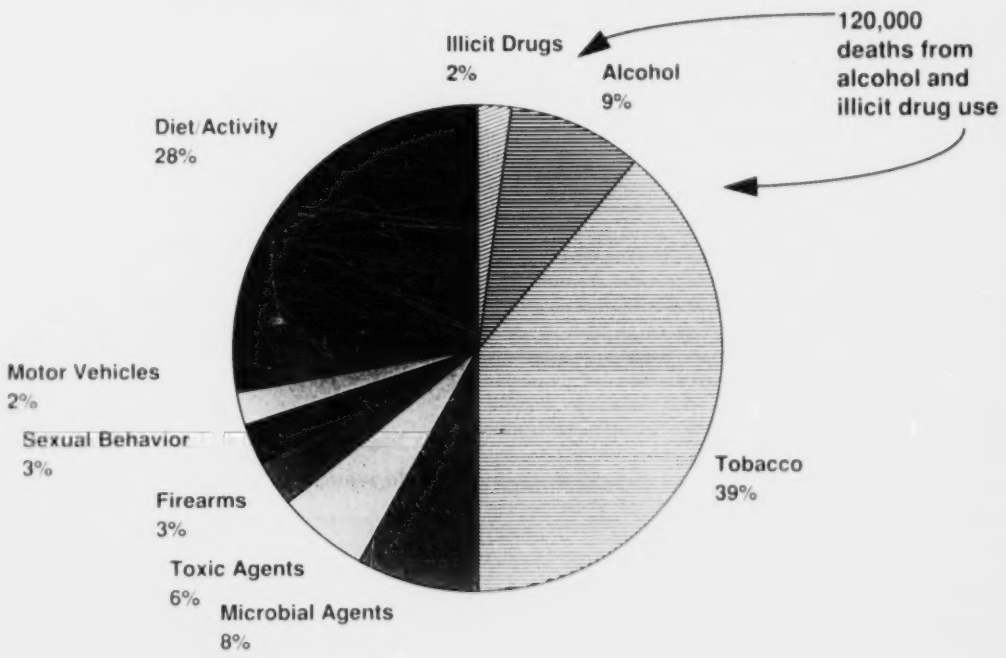
Is AOD abuse a serious health problem?

- Yes. Annually about 120,000 deaths are attributed to alcohol and the use of illicit drugs. These represent 11% of preventable deaths and 6% of all deaths in the United States.

Causes of 1,060,000 Preventable Deaths in 1990



Source: McGinnis, J.M., "Actual Causes of Death in the United States," *Journal of the American Medical Association*, November 10, 1993.

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Substance Abuse and Mental Health Services Administration
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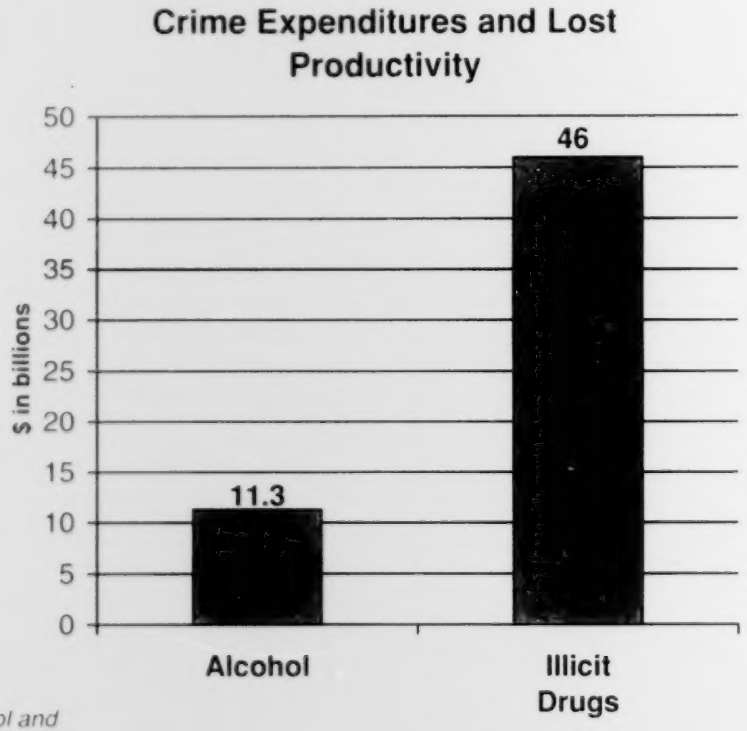
Is AOD abuse a serious crime problem?

- Alcohol- and other drug-related crime cost society $57.3 billion in 1990.
- This figure includes the direct costs of crime, lost wages of crime victims, the costs of incarceration, and losses to the economy by those who engage in crime rather than legal employment.



Source: Ratios in Rice, D. and Kelman, S. et al., *The Economic Costs of Alcohol and Drug Abuse and Mental Illness: 1985* (1990), applied to Robert Wood Johnson's (RWJ) 1990 estimates presented in *Substance Abuse*, 1993. The total of $11.3 billion is less than RWJ's estimates which included noncriminal accidents.

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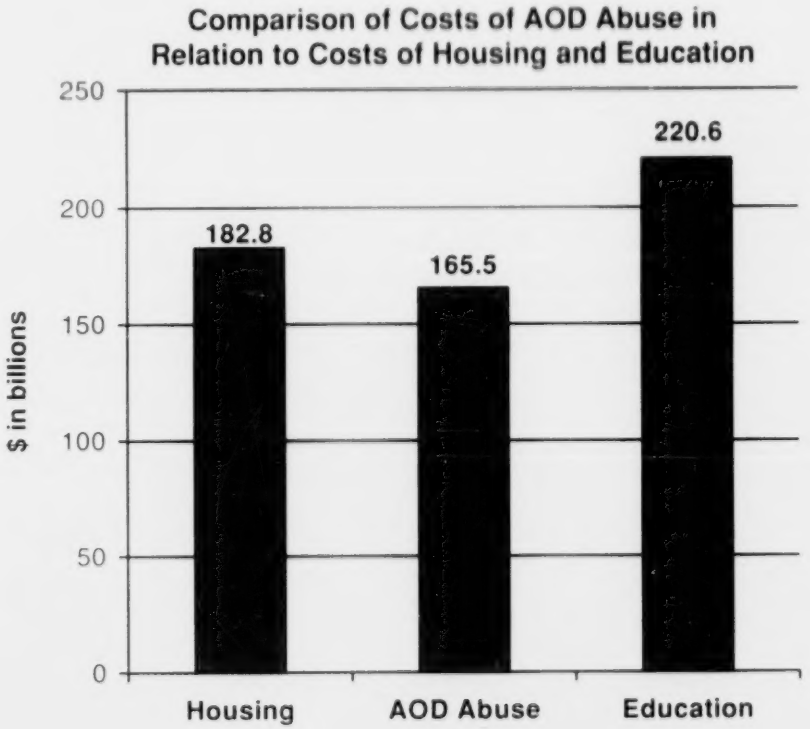
What are the costs of AOD abuse?

- AOD abuse cost $165.5 billion.*
- All elementary and secondary school education cost $220 billion.**
- Private construction of residential buildings cost $183 billion.**



Source: *The monetary burden of medical resources, losses of productivity, motor vehicle crashes, and criminal activity; 1990 estimate from *Substance Abuse*, Robert Wood Johnson Foundation, 1993, and **_Statistical Abstract of the United States, 1992_, Tables No. 211 and No. 1204.

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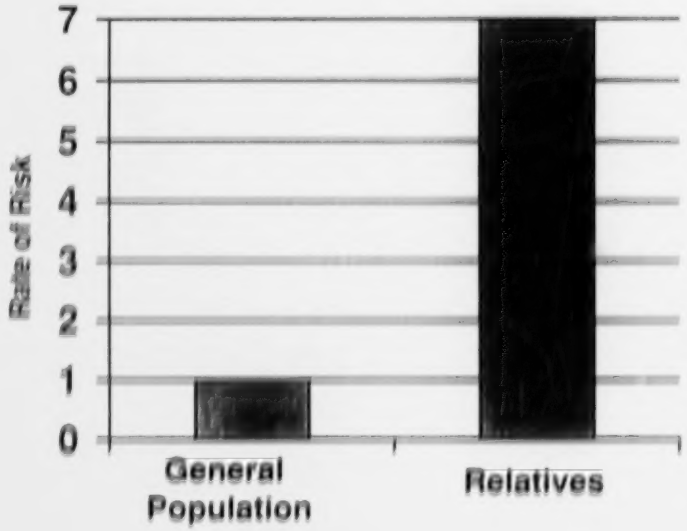
How can we prevent alcohol problems?

- Know our family history.
- Be careful in social settings and communities that promote high-risk drinking norms.
- Select friends who do not take risks with alcohol.
- Know the laws.
- Make an informed choice about drinking
  -how much alcohol, if any, and
  -under what circumstances.

Prevention not only works to prevent disease but also works to prevent consequences such as injuries and deaths by developing social attitudes against misuse of alcohol in the population.

Sevenfold Greater Risk of Developing Alcoholism for First Degree Relatives of Alcoholics



Source: *Eighth Special Report to the U.S. Congress on Alcohol and Health*, Chapter 3, U.S. Department of Health and Human Services, September 1993.

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What are our major objectives?

*By the Year 2000**

- Cut cocaine and marijuana use, measured in past 30-day use, by 50%.
- Increase to 95% the students who perceive social disapproval in trying cocaine.
- Reduce drug-related deaths by 21%.
- Increase high school senior disapproval of marijuana use by 27%.
- Increase proportion of high school seniors who associate risk of physical or psychological harm with regular use of marijuana by 60%.
- Reduce alcohol-related motor vehicle deaths by 10%.
- Reduce cirrhosis deaths by 33%.
- Reduce teen heavy drinking by 20%.
- Reduce alcohol consumption by 20%.

Sources: *Health United States 1992* and *Healthy People 2000 Review*, National Center for Health Statistics, 1993.
*Percentages calculated from baseline 1987 figures.

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11

How much can we save through prevention?

Problem	*Savings per person from each problem avoided*
Crime*	Prison inmate—$15,496/year
Drug Abuse**	Treatment of drug-affected baby—$63,000 over 5 years
Alcoholism**	Liver transplant—$250,000
Fetal Alcohol Syndrome Child***	Neonatal care—$30,000/year

Sources: *Sourcebook of Criminal Justice Statistics-1993*, U.S. Department of Justice, 1993, **Healthy People 2000*, U.S. Department of Health and Human Services, Public Health Service, 1991, and ***Dorothy P. Rice and Sander Kelman et al. *The Economic Costs of Alcohol and Drug Abuse and Mental Illness: 1985* (1990).

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Substance Abuse and Mental Health Services Administration

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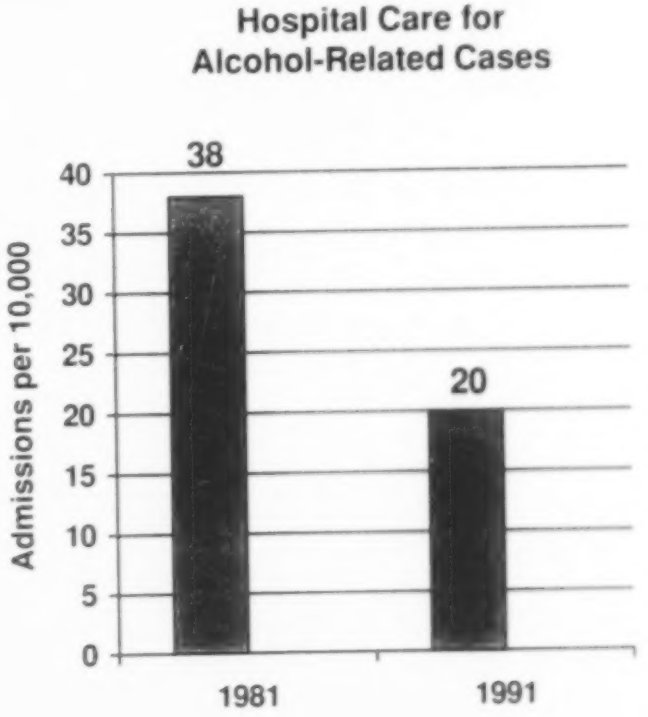
How much have we saved through prevention?

- Alcohol-related admissions to hospitals declined from 38 to 20 per 10,000 population due to prevention.
- As a result, $1.9 billion less was spent for hospital care for alcohol-specific admissions in 1991 than in 1981.
- This amount would pay the employers' share of health insurance premiums for 1.5 million employees.



Sources: *NIAAA Surveillance Report #28, December 1993*, and *Health United States 1992* and *Healthy People 2000 Review*, National Center for Health Statistics, 1993.

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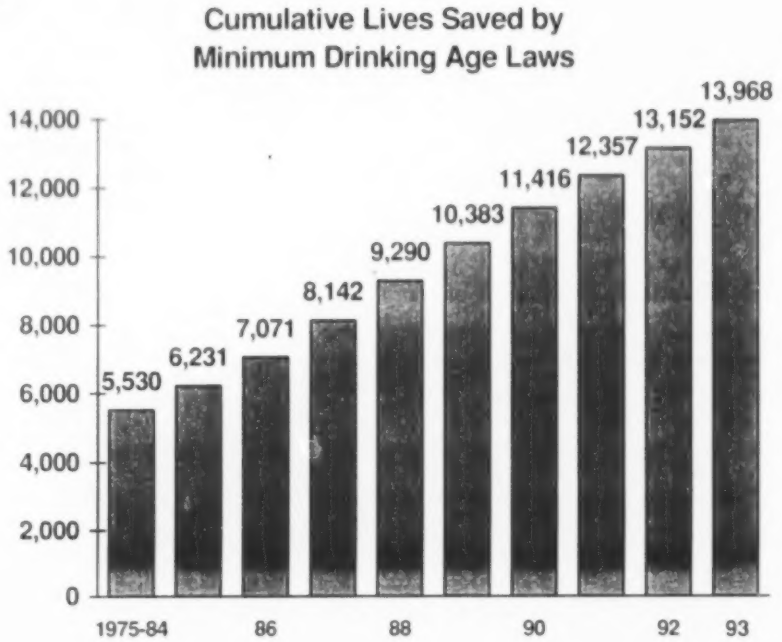
How successful have we been in reducing alcohol-related auto deaths for those under 21?

- 13,968 lives have been saved from 1975 through 1993.
- The success results from multiple initiatives:
  - * Minimum age 21
  - * Community activism
  - * Tougher laws on driving under the influence (DUI)
  - * Better enforcement
  - * Safer cars and highways
  - * Public awareness



Source: *Youth Fatal Crash and Alcohol Facts*, National Highway Traffic Safety Administration, 1993.

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How were these lives saved?

A Policy Worth 14,000 Lives
History of the
Minimum Legal Drinking Age Policy
(MLDA)
Pre-1970s
Most adult privileges, including the right to vote and, in most States, the right to drink alcohol legally, are reserved for those 21 years and older.
1971
The right to vote is granted to 18-year-olds by amendment to the Constitution; in most States, a parallel effort lowers the MLDA.
1983
Dramatic increases in traffic deaths among young people--particularly along "blood borders," or heavily trafficked areas between States with different MLDAs.
1984
Legislation threatens to withhold Federal highway funds from States with MLDAs under 21.
1993
The National Highway Traffic Safety Administration estimates that 14,000 young lives have been saved because of the higher MLDA.

Source: *NHTSA Technical Report*, National Highway Traffic Safety Administration, March 1994.

- Prevention researchers observed that States which reduced their drinking age had higher rates of teen driver alcohol-related deaths than before.
- As a result of this finding, a number of States raised their drinking age. Then a Federal law was passed mandating 21 as the minimum drinking age in all States.
- The next major State-level policy development is establishing lower illegal blood alcohol levels for youth.

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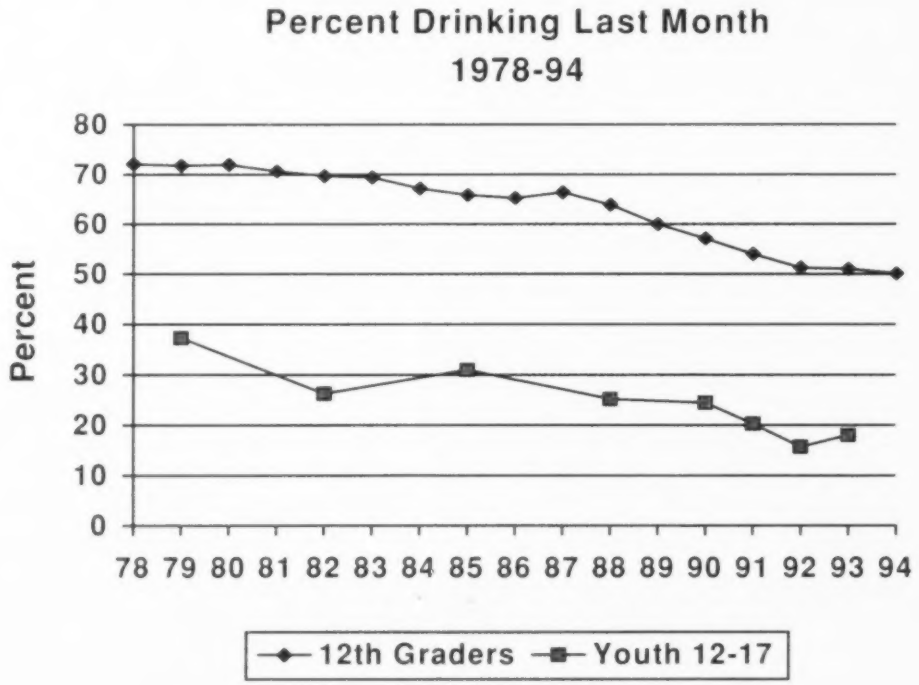
How successful have we been in changing teens' alcohol use?

- Alcohol use by youth is not recognized as dangerous because it is perceived as a rite of passage. Prevention activities have reduced teen drinking.
- Over the past 15 years drinking declined by 51% for youth 12-17 and by 31% for 12th graders.
- However, between 1992 and 1993, the proportion of 12-17 year olds who reported drinking in the previous month increased from 15.7% to 18%.



Sources: *National Household Survey on Drug Abuse*, Substance Abuse and Mental Health Services Administration, 1994, and *National Institute on Drug Abuse Monitoring the Future Study*, National Institute on Drug Abuse, 1978-1994.

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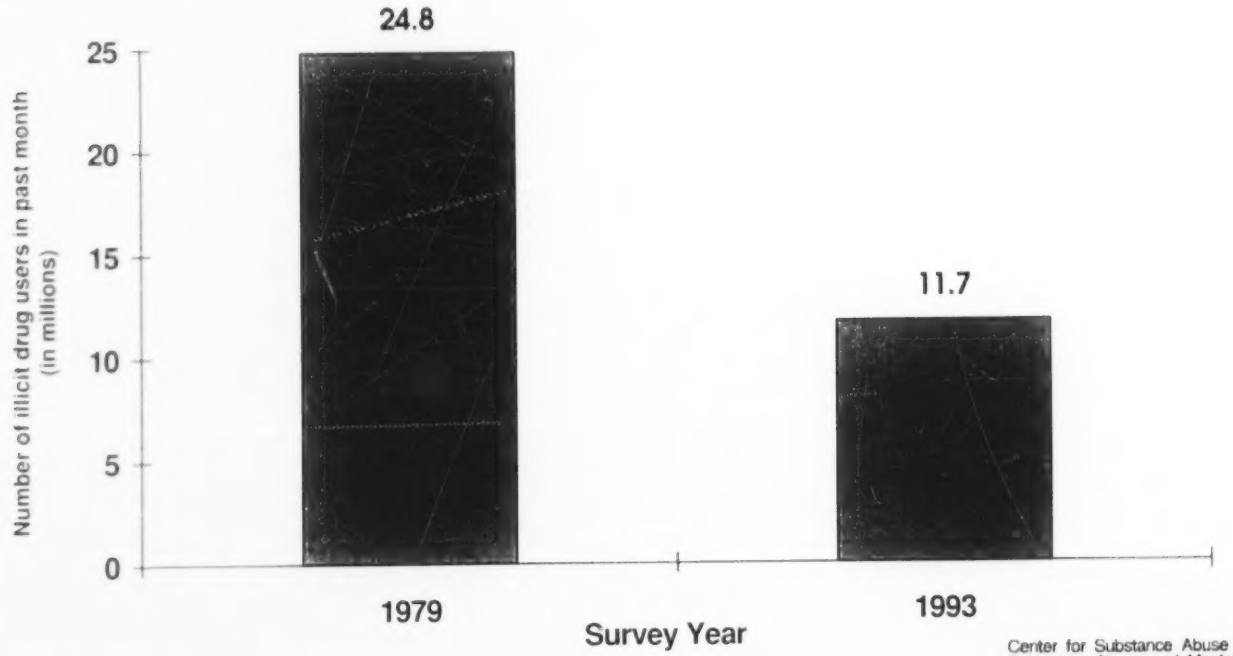
How successful have we been in reducing drug use?

National policy has sought to reduce illicit drug use. 13.1 million fewer people are using illicit drugs—a 50% decline—which is proof prevention works.



Source: *National Household Survey on Drug Abuse*, Substance Abuse and Mental Health Services Administration, 1994.

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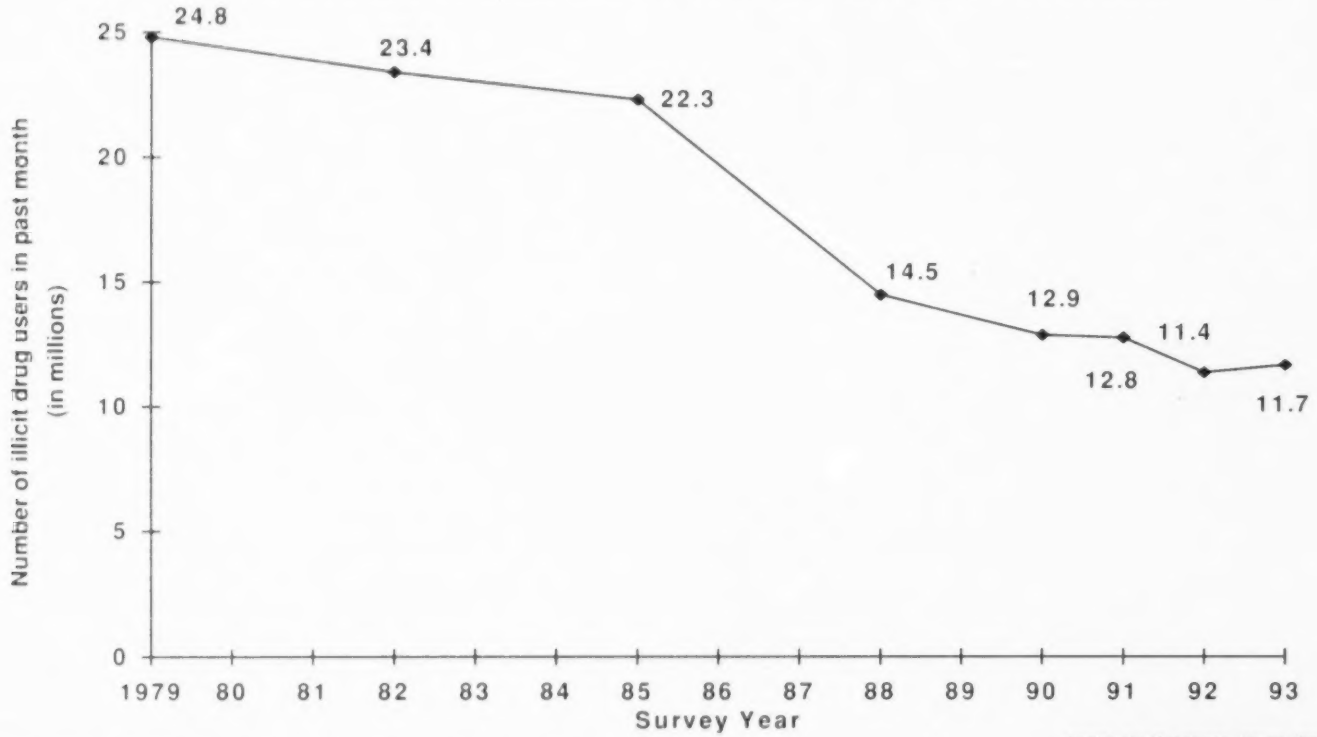
How successful has prevention been?

This 50% decline in illicit drug use is a prevention success.



Source: *National Household Survey on Drug Abuse*, Substance Abuse and Mental Health Services Administration, 1994.

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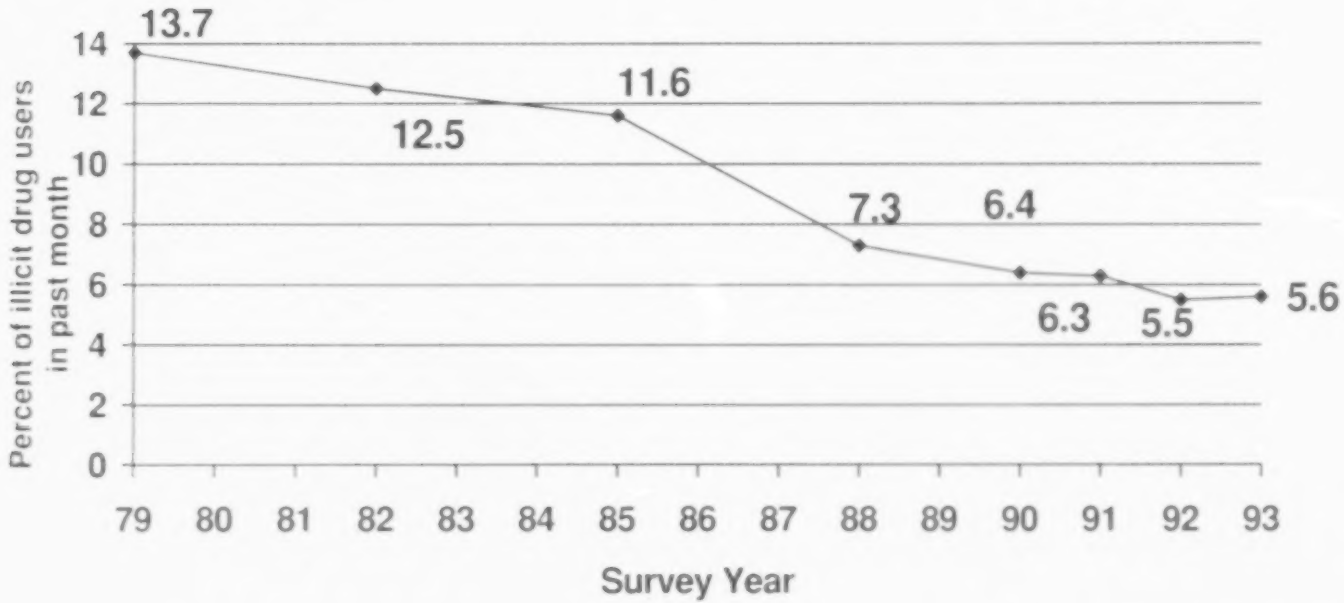
How successful has prevention been in reducing the percent of illicit drug use in the population?

There has been a 59% decline in the proportion of the population using illicit drugs.



Source: *National Household Survey on Drug Abuse*, Substance Abuse and Mental Health Services Administration, 1994.

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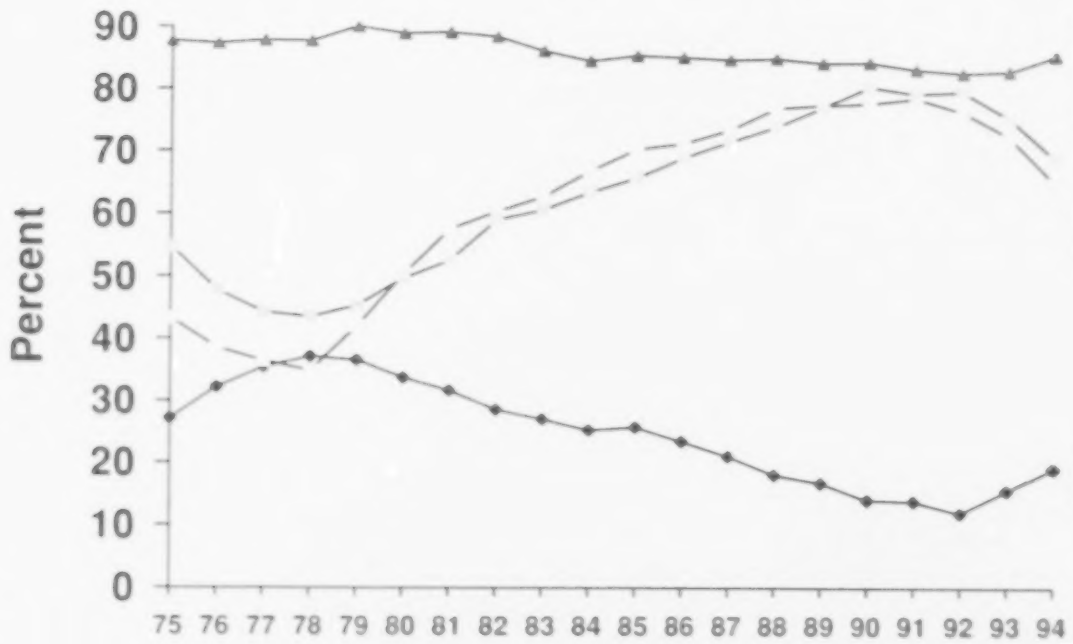
How do perception of harm, disapproval, and availability affect drug use?

As perception of harm and disapproval rises, use decreases even though availability remains constant, as shown by the trends in marijuana use among 12th graders.


Percent
90
80
70
60
50
40
30
20
10
0
75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94
Availability: % saying fairly easy or very easy to get marijuana
Perception: % disapproving of smoking marijuana occasionally
Risk: % saying great risk of harm in regular use of marijuana
Use: % using marijuana once or more in past 30 days

Source: *National Institute on Drug Abuse Monitoring the Future Study*, National Institute on Drug Abuse, 1994

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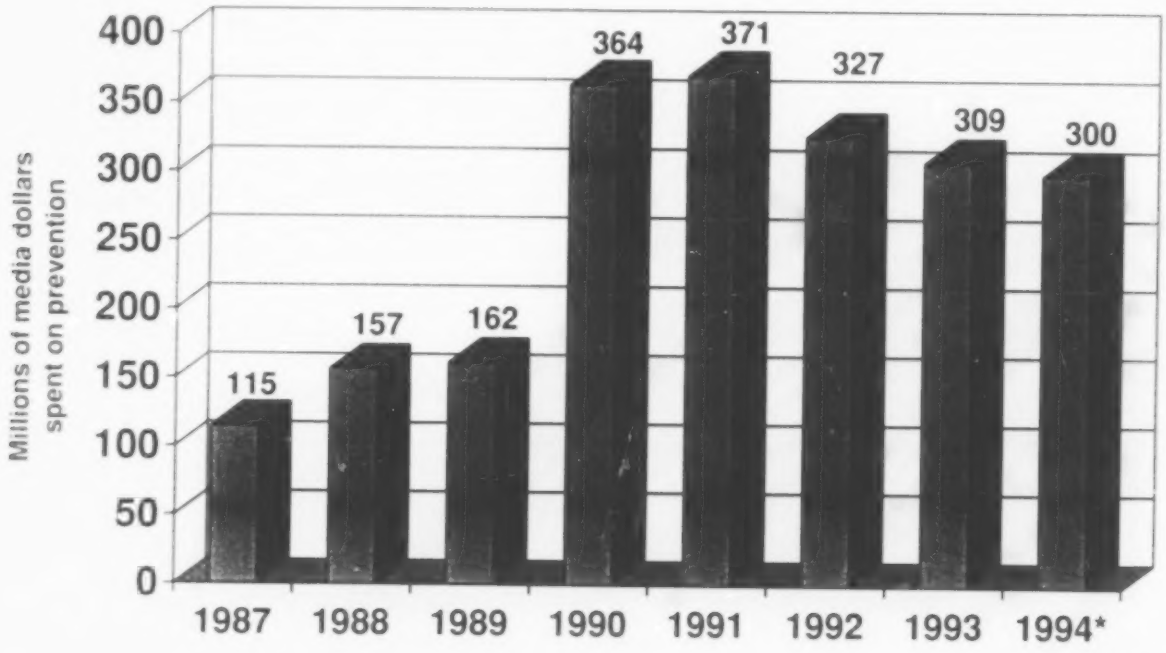
Is drug abuse prevention getting media support?

Yes, but the media coverage has decreased over the past 3 years.



*Projected

Source: Annual Estimates, 1987-1984, Partnership for a Drug-Free America.
*Based on January-September monitored data.

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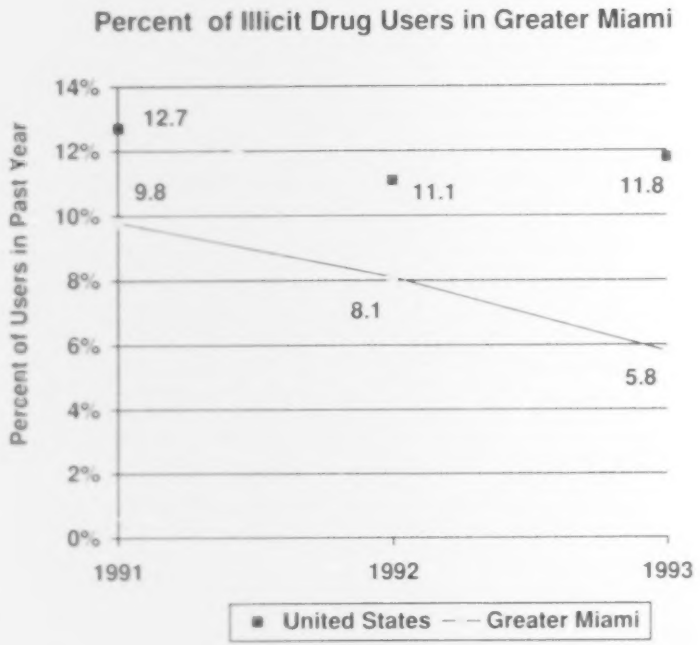
How successful has prevention been in communities?

Community-Wide Combating of Illicit Drugs

A system of interagency coordination in Miami among city and county officials, code enforcement, and law enforcement agencies has resulted in the elimination of substantial numbers of crack houses. One program conducted in nine target high-risk neighborhoods includes efforts to identify and demolish crack houses and clear the land for playgrounds, parks, and low-income housing. Between September 1990 and April 1994, 48 crack houses were destroyed, 8,000 drug-related arrests were made, and over $2 million in narcotics were seized. The changes in drug activity and norms created by such programs as well as synergistic effects of other projects operating in the greater Miami area have led to a 40 percent reduction in illicit drug users, as shown in this graph.



Source: *Drug Surveillance News*, Vol. 1, No. 14, Miami, 1994.

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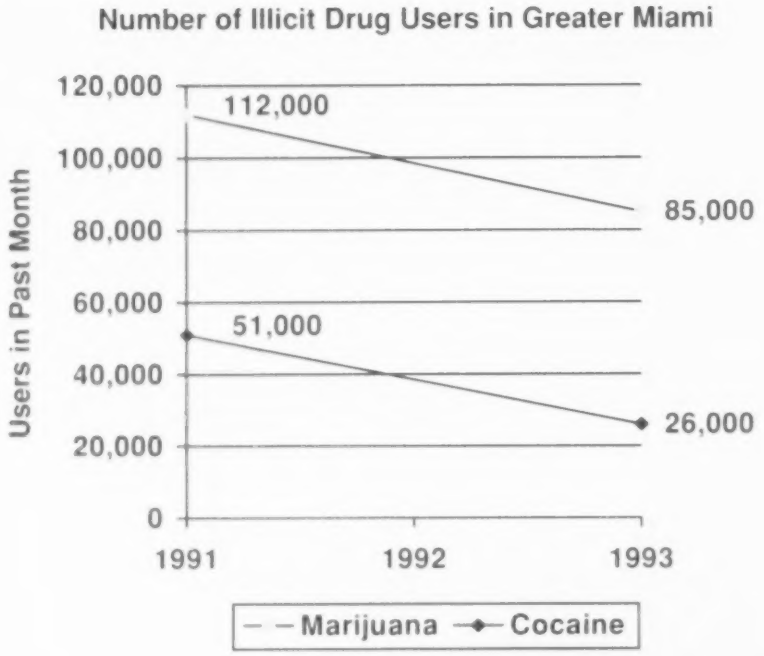
How successful has prevention been in communities?

Declines in regional and local use represent a major success.

- Marijuana use in the greater Miami area dropped from 112,000 users in 1991 to 85,000 users in 1993.
- Cocaine use dropped even more dramatically, from 51,000 to 26,000 users between 1991 and 1993.



Source: *Drug Surveillance News*, Vol. 1, No. 14, Miami, 1994.

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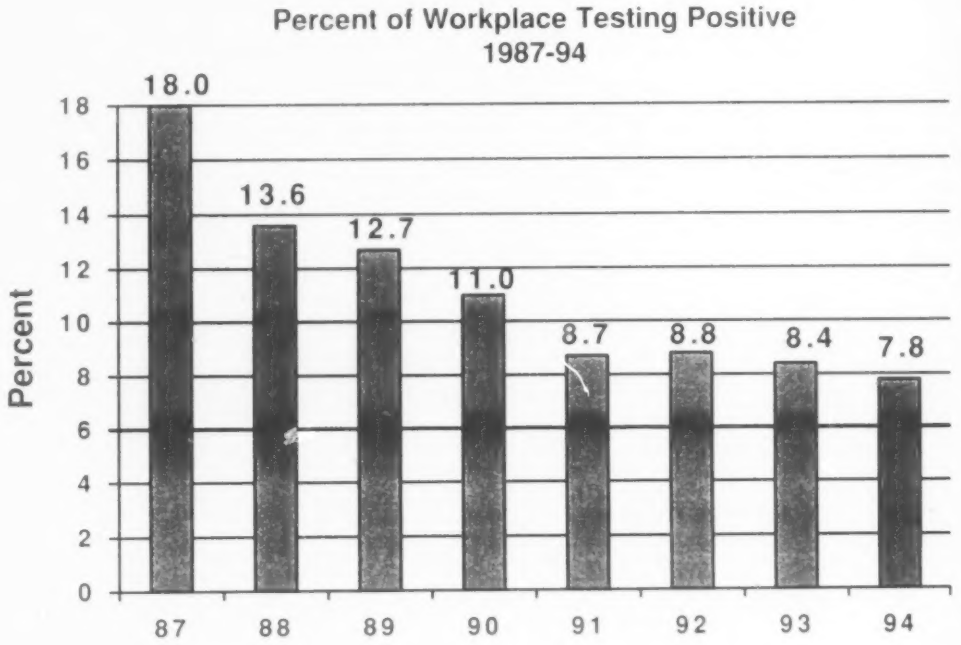
Is prevention working in the workplace?

Yes! In several ways:

- Employers are establishing standards for a drug-free environment.
- Workplace drug testing has resulted in a 57% decline in the percent of workers testing positive during the period 1987-1994.
- Workers are being educated about risks.



Source: Smith, Kline, Beecham Clinical Laboratories, 1994.
Results from pre- and after-employment tests.

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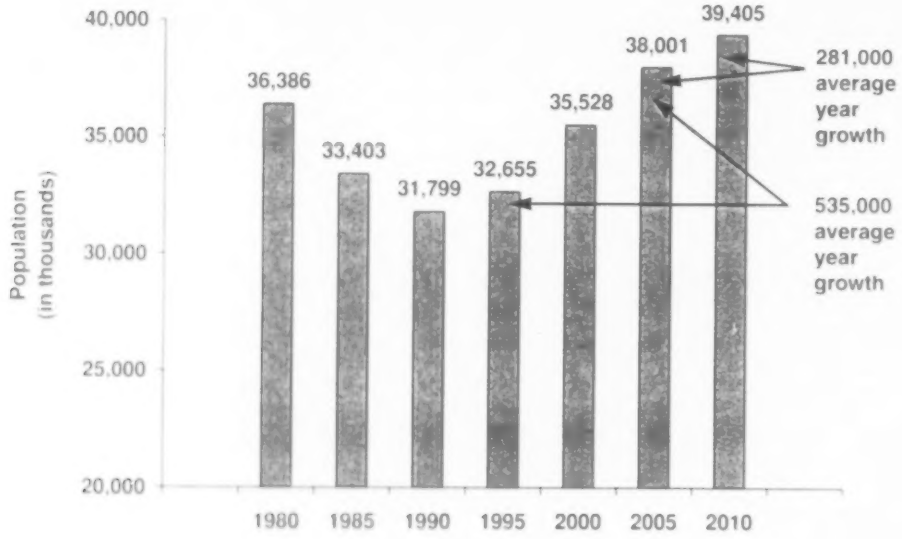
Will prevention be more difficult in the future?

Yes. The population of 12- to 20-year-olds is projected to increase by 21% over the next 15 years—1995-2010. There will be 6.75 million more youths to be reached and benefited by prevention policies and programs in 2010 than there are in 1995.



Source: *Current Population Report Series, P25-1104*, U.S. Bureau of the Census, 1995.

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Why not just legalize drugs?

- Laws against drug possession and distribution were enacted because use is harmful to health.
- Legalization would result in increased personal and social costs.
- Accidents would increase.
- There would be more school dropouts.

Source: Kleber, H., "Our Current Approach to Drug Abuse—Progress, Problems, Proposals," *New England Journal of Medicine*, February 3, 1994.

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Should just marijuana be legalized?

- No. Although not as toxic or addictive as cocaine, marijuana can lead to a variety of physical, psychological, and social problems.*
- Marijuana's effect on short-term memory, motivation, and energy level can interfere with the cognitive and social development of adolescents.*
- Marijuana decreases a driver's ability to drive. The greater the marijuana dose, the greater is the effect. In one test the effect was equivalent to the performance deterioration produced by BACs between .03 and .07.** [The Centers for Disease Control and Prevention defines ≥.01 BAC as alcohol-involved.***]

Sources: *Kleber, H., *New England Journal of Medicine*, February 3, 1994, **National Highway Traffic Safety Administration Technology Transfer Series*, No. 62, February 1994, and ****Morbidity and Mortality Weekly Report*, The Centers for Disease Control and Prevention, December 3, 1993.

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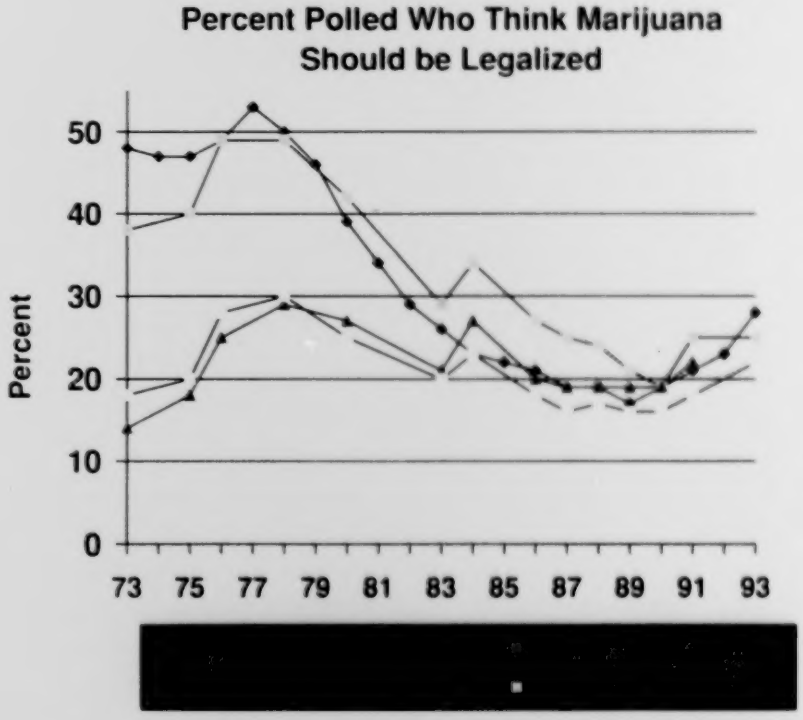
What does the public think about legalizing marijuana?

- Over the past 20 years there has been a 60% decline in the percentage of young people who think marijuana should be legalized.
- The college freshmen and age 21-29 groups showed a decrease from about 50% favoring legalization in the late 1970s to about 20% favoring in 1990.
- However, in the past 3-4 years the percentage in favor of legalization is increasing, most sharply among freshmen.



Graph Source: *Sourcebook of Criminal Justice Statistics*, U.S. Department of Justice, 1993.

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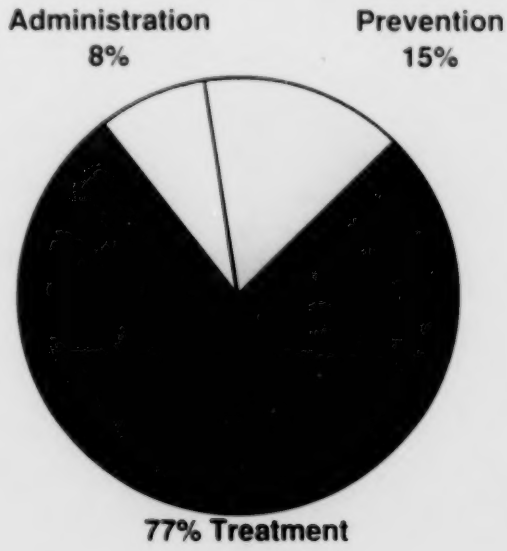
How much do States spend on prevention?

- State Alcohol/Drug Agencies spent $3.4 billion in local, State, and Substance Abuse and Mental Health Services funds for all alcohol and other drug (AOD) services.
- Fifteen percent of all AOD expenditures—$540 million—was spent on prevention.
- The amount spent for prevention has grown steadily from $128 million in 1983.

State Alcohol/Drug Agency Spending 1992—$3.4 Billion



Graph Source: National Association of State Alcohol and Drug Abuse Directors, 1994.

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What guides the development of AOD prevention programs?

- National policy
- Public and private research
- CSAP demonstrations and evaluations
- Data and monitoring
- Federal, State, and local technology transfer
- Special studies such as CSAP's National Structured Evaluation
- Feedback from consumers

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Who is involved in prevention?

- Very large numbers are involved from the community to the Federal level, from Mothers Against Drunk Driving (MADD) chapters to police officers.
- Over 2,100 community coalitions and partnerships have formed in neighborhoods across the United States.*
- Thousands use CSAP's information highway monthly to gain access to AOD prevention information.

- There is broad involvement, but more work can be done with:
  - Business
  - Community workers
  - Clergy
  - Educators
  - Health care providers
  - Police
  - Employers
  - Corrections personnel
- In fact, everyone needs to be involved in prevention.

Source: *Community Anti-Drug Coalitions of America, 1994

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Supplement Section

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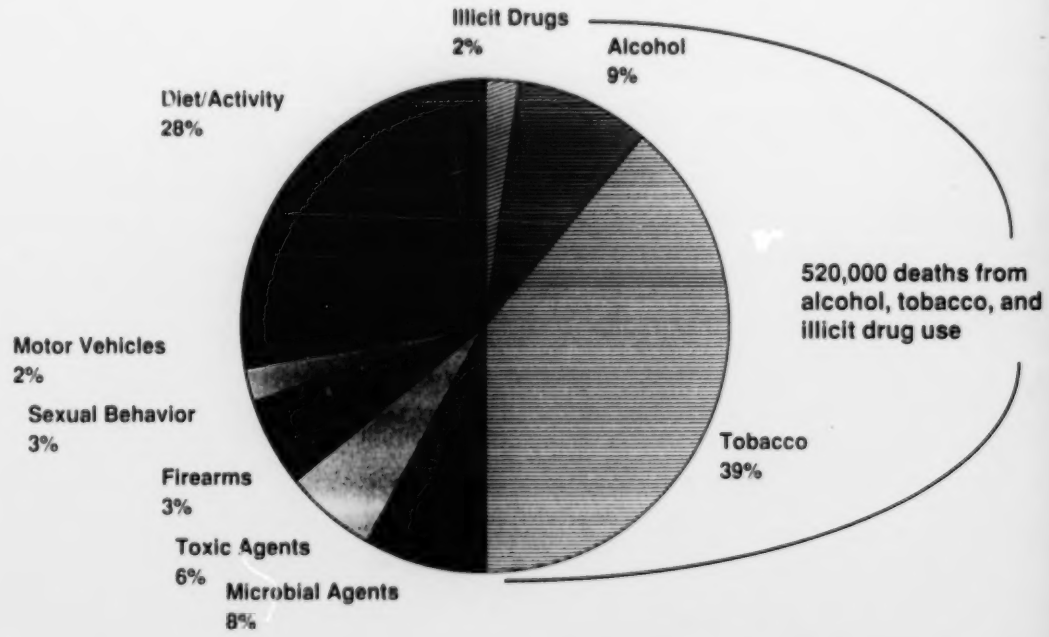
Is ATOD abuse a serious health problem?

- Yes. Annually about 520,000 deaths are due to tobacco, alcohol, and illicit drugs. These represent 50% of preventable deaths and 25% of all deaths in the United States.

Causes of 1,060,000 Preventable Deaths in 1990



Source: McGinnis, J.M., "Actual Causes of Death in the United States," *Journal of the American Medical Association*, November 10, 1993.

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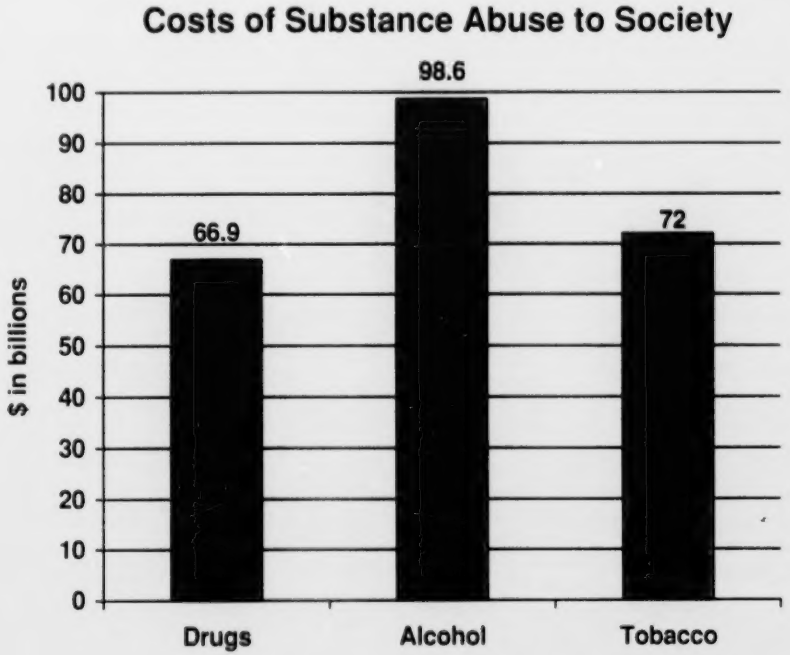
Is ATOD abuse a serious economic problem?

- The total costs of substance abuse* to society are $237.5 billion—more than the amount spent for all K-12 school education in the United States in 1990.**



Sources: *The monetary burden of medical resources, losses of productivity, motor vehicle crashes, and criminal activity; 1990 estimate from *Substance Abuse*, Robert Wood Johnson Foundation, 1993, and **Statistical Abstract of the United States, U.S. Department of Commerce, 1992.

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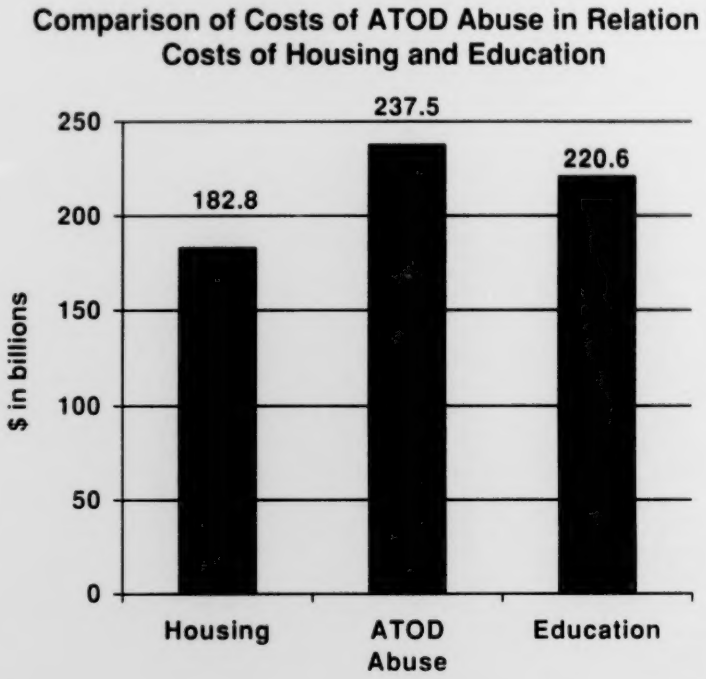
What are the costs of ATOD abuse?

- Private construction of residential buildings cost $183 billion.
- All elementary and secondary school education cost $220 billion.
- ATOD abuse cost $237.5 billion.



Source: *Statistical Abstract of the United States*, Tables No. 211 and No. 1204, U.S. Department of Commerce, 1992.

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Notes

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Getting the Message Out

REACHING THE MEDIA

Media coverage can vastly increase community support of and participation in prevention projects and activities.

The media tools in this kit will help you reach out to the media in your community. These materials may be adapted to fit specific issues or events and should always be personalized with the name of your organization and a contact person available and willing to talk to reporters. The format of each component sample—opinion editorial (op-ed), press release, letter to the editor, and proclamation—should be adhered to, as each follows professional standards.

DEVELOP a media contact list comprised of: community newspapers (dailies and weeklies), newspaper supplements and special sections (e.g., calendar sections, health and education sections, etc.), high school and college newspapers, and radio stations.

Ideas on how to use the media and communications tools in this kit.

Obtain addresses, phone and fax numbers, and names of editors and division directors. Personalize mailings by addressing materials to individuals your information or activity, and ask if you can provide any further information that would help your piece get published/broadcast.

EVALUATE the effectiveness of your media materials. Monitor which pieces were published/broadcast and which were not selected. Analyze the reasons. For example, did the releases get printed but not the op-eds or letters? The problem may simply be column space: newspapers can publish event information throughout the paper, whereas guest editorial space may be very limited or spoken-for weeks in advance. Sometimes the problem is simply timing, in which case you need to get your information out farther in advance the next time.

Another problem with getting published, particularly in smaller communities, could be controversy: present your prevention information in terms that evoke sympathy and agreement. Use positive language and avoid sarcasm or finger pointing. Additionally, look for communications problems within the pieces that did not get printed or broadcast. When writing a media piece, stick to one subject—don't ramble and don't try to cover all issues at once. Present one issue, back it up with facts, and state the results you would like to achieve. The more focused you are, the more effectively your message comes across. Ultimately, the success of your media outreach is measured by how many people you recruit to work for prevention and how well prevention works in your community!

PLACING PUBLIC SERVICE ADS AND ANNOUNCEMENTS

Print public service advertisements and radio advertising inserts or special mailers, or even the local faith community bulletin. If you get no response from one publication, switch your sights to another!

Radio PSAs are either sent as live read copy or as a pre-recorded audiocassette. Most stations are happy to use live-read scripts, with some preferring audiotapes. In either case, include a reply sheet for the radio station to fill out stating if and how often PSAs were broadcast and which format is preferred.

> The press release is your basic tool for communicating with the media. Whether you are publicizing a new product, an upcoming event, or a change in personnel, your release should be provocative and stimulate interest. Tailor the enclosed sample press release to local community concerns about substance abuse problems. Including a "local angle" to any story you are trying to place with the media will increase the likelihood of getting coverage or air time.

When you prepare live-read radio PSAs for distribution, put your logo on the top of the page or print each PSA on your organization letterhead. Include a point of contact (with phone number) in your organization who will be available to answer inquiries from the media. Include a start and stop date for running the PSAs. For instance if your PSAs contain messages about a specific holiday, you don't want the stations to run them too far ahead of the holiday or too long after the holiday. List the subject of the PSAs near the top of the page. In addition, give each individual PSA a short title for easy reference and state the length in seconds. Double space the text of the PSA for easy live reading.

Mail the PSAs to local radio stations to the attention of the public service director; call stations in advance or just after they have received them.

receives and provides thoughtful responses that are supported by the latest statistics and research. It was developed to assist others in answering the fundamental questions about prevention.

Each set of products can be used in a variety of ways:

READ the information presented in these products. Mentally restate the information in your own language and style and look for opportunities to include it in your speaking and writing.

PERSONALIZE/LOCALIZE: Minor editorial changes could easily convert all or parts of these pieces into a publishable interview with you or your group's lead volunteer or staff person identified, as the source of thoughtful, in-depth answers to key questions on substance abuse prevention. Mention of local issues and resources can further interest local audiences.

RESPOND to media coverage; send specific *Link, Action,* or *Chart* sheets as they relate to recent stories. Reference these products in writing letters to the editor, op-eds, and public service messages.

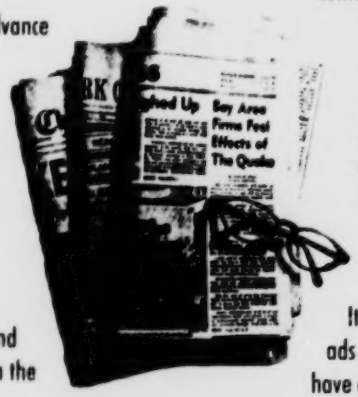
DEVELOP your own pieces, based on these products, that are tailored to meet the specific interests and needs of your target audiences; include local information and resources and add your own group's name or logo.

DEVELOP a media kit for each opportunity and include: a press release (a sample is provided) with the names of local contacts and spokespeople; fact sheets (*Making the Links* are excellent resources for media), photographs if available, brochures, booklets, and any other information which will help convey your message.

SEND OUT entire press kits or select different pieces from the kit to target different markets. Direct op-eds or letters to the editor to the attention of editorial page editors; press announcements to city editors for events; and health, education, or style editors for issues. Introduce your organization as a resource on substance abuse issues and provide background for upcoming stories.

MAILINGS should include the selected media piece(s), attachments of event fliers or previous media coverage of your organization, and a cover letter "pitching" the idea (sample cover letter included with this section).

TIME your mailings well in advance of events—weekly newspapers and special sections, in particular, often have available space filled months (sometimes a year with holiday-targeted information) in advance of actual publication date.



REQUEST that print media send you a "tear sheet" (page from the publication containing the published article) if they use or adapt your piece.

FOLLOW UP mailings with phone calls. Ask if the material was received, reiterate major points of effective tools for increasing the scope and depth of your communications campaign. This kit provides 3 sample print advertisements and several radio PSAs using a variety of themes and approaches.

Public Service Advertisements usually are sent as a set of camera-ready slicks in various sizes. Newspapers and other publications run them free of charge to fill space, either when a paying advertiser has canceled at the last minute or when they are laying out the page and have a hole to fill.

To get a public service ad placed:

- Arrange a meeting with the advertising or public service director of your local daily, weekly, or monthly newspaper, journal, or newsletter and relate the importance of the issue represented in the ads. Ask that they consider running an ad on a space-available basis.
- Write a compelling letter to the appropriate contacts at news outlets in your area and attach the ad slicks.

Be sure to add your logo to the PSA or a line "Sponsored by ..." and your organization name. Getting across a local connection is important.

Public service ads are sometimes held indefinitely. It may take months to get your ads placed. Newspapers usually have a whole file of such ads to choose from so distinguish yours with a great letter, follow-up call, or reminder card. Remember to try all print outlets, including the local business journal or newsletter, high school newspaper, your organization as a resource for more information. If applicable, also offer an expert for interviews.

USING THE Prevention *WORKS!* PRODUCTS

The *Making the Link* fact sheets summarize data that establish alcohol, tobacco, and other drugs as significant cofactors in other major public concerns. These products were created to raise awareness of and support for prevention programs and policies among legislators, business leaders, media, educators, health care providers, and other influentials in communities throughout this country.

The *Action Step* sheets target many different segments of the community with user-friendly suggestions for participation in ATOD prevention. They demystify the process of prevention by breaking it down into a menu of activities ranging from simple bonding, mentoring, and role modeling for youth, to community organizing and advocacy.

Drug-Free for a New Century: A Chart Book was created to help those working in the field to communicate the benefits of substance abuse prevention. This document was designed to raise awareness of and support for prevention among individuals, groups, and legislators in your community. It will arm you with the latest facts and figures about preventing drug abuse.

Questions About Preventing Alcohol, Tobacco, and Other Drug Problems summarizes the major queries the Center for Substance Abuse Prevention paid staff of your agency, organization, or program and to the members of your board or other policy-/decision-making body. Attach a note encouraging them to read/use this information.

DISTRIBUTE at health fairs, conferences, and youth gatherings, such as community rallies and other special events.

POST on employee and client bulletin boards.

SEND complete copies to committees, task forces, councils, planning boards, public officials, members of the judiciary, and law enforcement and other individuals and groups who deliberate, advise, or establish public policies bearing on alcohol, tobacco, and other drug issues. Your formal cover letter or personal note can tell them this important information you hope they will read and act upon.

EXCERPT portions of this material in your speeches and printed materials. Include one or two questions and answers in each edition of your newsletter or bulletin, for instance.

REFERENCE this information when talking with media, community leaders, or opinion-makers or when writing letters to the editor, op-ed pieces, or other items for the media.

ADAPT/ADOPT: Cut and paste into your own publications or create inserts for newsletters, church bulletins, etc. Many groups will be glad to know that you can provide ready-made copy or inserts for their publications.

SUPPLEMENT: Insert or enclose materials from your own files or from other local sources to complement these pages.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

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SAMHSA

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Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

Prevention *WORKS!*

MAKING THE LINK:

Alcohol, Tobacco and Other Drugs and the College Experience

In a 1990 interview with *TIME Magazine*, then University of Wisconsin Chancellor Donna Shalala was asked to identify the biggest problem on her campus. The answer was "alcohol." Despite the fact the purchase of alcohol is illegal for most college students, alcohol is the most widely used drug on campus, with 41 percent of college students reporting binge drinking—consuming five or more drinks in a row—at least once in the prior 2-week period.[1]

After alcohol, tobacco and marijuana are the most frequently used drugs on campus. And the past few years have seen an increase in the use of LSD among college students.

Alcohol, tobacco, and other drug use have been linked to an array of negative consequences that hurt our Nation's students and jeopardize their futures.

- At both two- and four-year institutions, the heaviest drinkers obtain the lowest grades.[2]
- Almost one-third of the students at four-year institutions report missing class due to alcohol or other drug use.[2]
- Nearly one-quarter of students report performing poorly on a test or project due to alcohol or other drug use.[2]
- College students who drink the most obtain the lowest grades. A 1991 study found that while "A" students averaged 3.6 drinks per week and "B" students 5.5 drinks, "C" students averaged 7.6 drinks per week while "D" or "F" students averaged 10.6.[3]
- According to a 1991 national survey of college students, the following consequences resulted from drinking or drug use experienced at least once in the past year: 63 percent had a hangover; 49.9 percent became nauseated or vomited; 39.3 percent regretted their actions; 36 percent drove while intoxicated; 33.2 percent got into an argument or fight; and 28 percent experienced memory loss.[4]

These alcohol- and other drug-related incidents are costly, both in terms of dollars and human potential. For instance, each year members of sororities and fraternities spend roughly $200 million more on alcohol than all other students combined. That's enough to cover the tuition, room, and board for tens of thousands. And student expenditures for alcohol far exceed the operating costs for running college libraries.

The human cost is more difficult to quantify, but some facts are clear. About 159,000 of today's freshmen will drop out of college next year due to alcohol- and other drug-related causes. Approximately 300,000 of today's students will eventually die of these causes.[5] Alcohol and other drugs also will be factors in thousands of incidents of unplanned pregnancies, sexually transmitted diseases, including HIV/AIDS, and other consequences.

For more information, contact the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

All statistics cited in this Making the Link fact sheet come from the following sources:

[1] *National Survey Results on Drug Use from the Monitoring the Future Study. NIDA, 1975-1993.*

[2] *Alcohol and Drugs on American College Campuses: Use, Consequences, and Perceptions of the Campus Environment. Core Institute, 1993.*

[3] *Presley, C.A., et. al., Alcohol and Drugs on American College Campuses: Use, Consequences, and Perceptions of the Campus Environment, Vol. I: 1989-1991. The Core Institute, Student Health Program, Southern Illinois University-Carbondale, January 1993.*

[4] *Presley, C.A. and Meilman, P.W., Alcohol and Drugs on American College Campuses: A Report to College Presidents. Student Health Program, Wellness Center, Southern Illinois University-Carbondale, July 1992.*

[5] *OSAP's (now CSAP) Alcohol Practices, Policies, and Potentials of American Colleges and Universities: A White Paper, 1991.*

SAMPLE PRESS ANNOUNCEMENT

FOR IMMEDIATE RELEASE:
[date]

CONTACT:
[point of contact name]
[phone number]

STRONG LINK FOUND BETWEEN SUBSTANCE ABUSE AND VIOLENCE AND CRIME

(COMMUNITY)—As reported by the U.S. Center for Substance Abuse Prevention, alcohol and other drug statutory crimes account for over one-third of all arrests in this country. According to [SPOKESPERSON] of the [ORGANIZATION], alcohol and other drug crimes account for [LOCAL PERCENT] of all arrests in [COMMUNITY].

"Alcohol, marijuana, and other drugs can impair judgment, which contributes to violence," said [SPOKESPERSON]. [SPOKESPERSON] added that rapes, fights, and assaults leading to injury or homicide often are linked with alcohol because the perpetrator, the victim, or both, were drinking. And some drugs, such as PCP and steroids, may induce violence or serve as a catalyst for aggressive-prone individuals who exhibit violent behavior as a result of taking them.

"We cannot put a monetary value on the human lives and suffering associated with alcohol and other drug problems," said [SPOKESPERSON]. "But we know the child welfare and court costs needed to deal with the consequences of these problems are substantial, and the cost to arrest, try, sentence, and incarcerate those found guilty for alcohol and other drug-related offenses is a tremendous drain on our human and economic resources."

Prevention works to reduce the problems associated with alcohol, tobacco, and other drug use. For more information, call [ORGANIZATION] at [PHONE NUMBER] or call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

# # # #

If you are interested in interviewing a local or national expert on substance abuse prevention, please call [CONTACT AND PHONE NUMBER].

SAMPLE OPINION EDITORIAL

WHY SHOULD WE CARE ABOUT SUBSTANCE ABUSE PREVENTION?

There is a common thread that runs through many of the worst ills plaguing society. In the examination of contributing factors to crime, violence, child abuse, HIV/AIDS, the health care crisis, and the deficit, one element linked to all of these stands out—substance abuse. Alcohol, tobacco, and other drug abuse, although usually thought of as a "stand alone" problem, is in fact an integral component of virtually all of the issues that impact negatively on our society today.

Alcohol, tobacco, and drug abuse contributes significantly to this Nation's overwhelming health care costs as well as the deficit. Twenty-five to 40 people out of every 100 in general hospital beds are being treated for complications of alcoholism. Annually, about 520,000 deaths are due to alcohol, tobacco, or illicit drug abuse. It is estimated that in 1993, the cost to society of alcohol, tobacco, and other drugs was nearly $400 billion—about $1,608 for every man, woman, and child in America.

Alcohol and other drug-related crime cost society $57.3 billion in 1990. Annual arrests total nearly 3.2 million for alcohol and other drug statutory crimes. In addition, alcohol is a key factor in up to 68 percent of manslaughters, 62 percent of assaults, 54 percent of murders/attempted murders, 48 percent of robberies, and 44 percent of burglaries.

Drugs and alcohol are contributing factors in violent incidents, including sexual assault. Domestic incidents of wife battering and child abuse often carry an alcohol or other drug component. And, according to a 1994 U.S. Department of Justice report, more than half of defendants accused of murdering their spouses had been drinking alcohol at the time of the murder.

Alcohol, marijuana, and other drugs can impair judgment, increasing the risk of having unsafe sex. Unprotected sex with an infected partner is the most common way that HIV/AIDS is spread. Additionally, sex under the influence can lead to sex without contraception; at least half of all unplanned pregnancies occur when people drink and/or use drugs before the act of intercourse. The continued use of alcohol, tobacco, or other drugs while pregnant can lead to birth defects and/or addicted babies, carrying the damage of substance abuse into the next generation.

Preventing the abuse of alcohol, tobacco, and drugs could mean substantially decreasing many of the Nation's problems. But what can we do to work for prevention? At home and in our communities, there are basic prevention strategies we can follow and teach to others:

- Raise awareness of the dangers of drug use *and* the benefits of constructive behavior.

(more)

- Promote good parenting skills and strengthen the family as the first defense against drug abuse.
- Provide positive role models for our young people.
- Pave the way for individuals to build social, academic, and vocational skills, allowing them the chance to develop into self-sufficient, contributing members of society.
- Mobilize communities to establish environments conducive to personal growth.
- Support policies that promote healthy lifestyles and change community norms for the better.

In order to keep this Nation strong and solvent, we as individuals need to be healthy and productive and to help others become healthy and productive. To realize these goals, alcohol, tobacco, and other drug abuse must be prevented. Prevention works, but it can't work for everyone until everyone works for prevention.

[*Community partnership or coalition representative*]

SAMPLE LETTER TO THE EDITOR

(print on your letterhead)

To the Editor, [*name of newspaper*]:

In response to your article about substance abuse (*title of article, date it appeared*), there is something we all can do about alcohol and drug abuse: work to prevent it! By mobilizing our community to work for change, we have the opportunity not only to reduce substance abuse but to reduce the crime, injuries, disease, and disability associated with that abuse.

People abuse alcohol and drugs for many reasons: in the belief that it helps them cope with depression or other problems; out of curiosity or peer pressure; because they see substances glamorized in the media; or because they are copying the behavior they've seen at home. To eradicate substance abuse, we must prevent it before it starts, helping young people get a stronghold on life so that they don't *need* to look for reasons to use drugs.

As a community, we can raise awareness of the problems associated with alcohol and drug abuse. We can promote healthy lifestyles and discourage images that might promote the abuse of alcohol or other drugs. We can provide substance-free recreational alternatives and develop social attitudes that encourage "substance free" as the norm.

We must be available to our children to discuss the dangers of alcohol and drug abuse and act as mentors and positive role models for them. In schools and community activities, we should encourage our youth to build on their artistic, athletic, academic, and vocational abilities, helping them develop positive self-images and tangible skills so that they will have better things to do than drugs.

Preventing alcohol and drug abuse is of utmost importance. We must relate that message to and feed it through our community so that it reaches every individual. Prevention can work if we work hard for prevention.

Sincerely,

[*Community partnership or coalition representative*]

SAMPLE OP ED COVER LETTER

(print on your letterhead)

Dear [Editor],

Prevention of alcohol and drug abuse also can lead to the prevention of much of the crime, violence, disease, and economic problems in our society. The enclosed *op ed/release* makes a compelling argument for substance abuse prevention and should be of interest to your readers.

We hope you will publish this *editorial/release*. The information is timely, and the subject matter is of great importance to our community. Please send us a tear sheet if you run the piece.

If your newspaper would like to know more about what our organization is doing to make prevention work in [*name of city or community*], please call me at [*phone number*].

Sincerely,

[*name and title*]
[*organization*]

SAMPLE PUBLIC SERVICE ANNOUNCEMENT COVER LETTER

(print on your letterhead)

Dear [Public Service Director],

Helping to prevent substance abuse means helping to prevent crime, violence, injuries, diseases, and other problems associated with the abuse of alcohol and drugs.

In an effort to raise community awareness of alcohol and drug abuse prevention, we have created several versions of PSAs for you to consider running on your station. In addition to the PSAs, please consider an interview with our community spokesperson. You can call me at [*phone number*] to arrange an interview.

Thank you for your consideration. Please fax us the enclosed reply form to let us know if you ran our PSAs.

Sincerely,

[*name and title*]
[*organization*]

LIVE READ ANNOUNCER COPY

GENERAL

If you think you don't have a problem with alcohol or other drugs, think again. Substance abuse is linked with this country's most serious and expensive problems, including violence, crime, child and spousal abuse, HIV/AIDS, car crashes, and homelessness. Isn't it time we prevent alcohol and other drug problems before they begin? For more information call 1-800-729-6686.

Want to prevent crime? Want to stop violence? Want to help keep people in the workforce? Then you need to tackle substance abuse and prevent the problems from occurring in the first place. To find out how you can make prevention work, call 1-800-729-6686 NOW.

HEALTH CARE

Every hour, our Nation spends $5 million on the problems brought about by alcohol and other drug abuse. That represents about $199 billion each year. Isn't it time we prevent alcohol and other drug problems before they begin? Prevention works. Let's make it work for everyone. For more information, call 1-800-729-6686.

VIOLENCE AND CRIME

Did you know that one third of all arrests in the U.S. are alcohol- and drug-related? Up to 68 percent of manslaughters, 62 percent of assaults, 54 percent of murders —in fact, each year half of all violent crime is linked to substance abuse. Isn't it time we prevent alcohol and other drug problems before they begin? Prevention works! For more information call 1-800-729-6686.

Impaired judgment and violence from alcohol and other drug use contribute to crime. Rapes, fights, and assaults leading to injury, manslaughter, and homicide often are linked with alcohol because the perpetrator, the victim, or both, were drinking. Make the link: Preventing alcohol and other drug abuse prevents violence and crime. For more information, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

WORKPLACE

Did you know that alcohol, tobacco, and other drug-related problems cost U.S. companies over $100 billion each year? Workplace prevention programs can improve productivity and quality, reduce medical claims and absenteeism, improve employee health, and save money. Isn't it time you got involved in prevention? Call 1-800-729-6686.

SEX UNDER THE INFLUENCE

Some messages about alcohol make it look pretty sexy, don't they? But sex under the influence increases the chances of unplanned pregnancy, sexually transmitted diseases, sexual assault, and harm to the unborn. So here's a healthier message: prevention works. To learn more, call the National Clearinghouse for Alcohol and Drug Information, 1-800-729-6686.

AIDS

Adventure! Glamour! Sex! Happy endings! That's one story about alcohol we see and hear every day. But what about the serious consequences of abusing alcohol: sexually transmitted diseases; HIV/AIDS; and early death? Get the facts! Call the National Clearinghouse for Alcohol and Drug Information, 1-800-729-6686.

PARENTING

Give a kid a break. Right from the start. If you and your partner are planning a baby, don't use alcohol, tobacco, or any other drug not prescribed by your doctor. Prevention works. And it works best from the very beginning. To learn more, call the National Clearinghouse for Alcohol and Drug Information, 1-800-729-6686.

When parents do their part to prevent alcohol, tobacco, and other drug problems for themselves, they also prevent premature births, low birthweight babies, infant death, mental retardation, and learning disabilities. Prevention works! Let's make it work for everyone, right from the start. To find out more about prevention, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

INJURY AND TRAUMA

Preventing alcohol problems also can help to prevent falls, the most common cause of nonfatal injury in the U.S. More than half of these injuries and up to 70 percent of fatal falls are

alcohol-related. Prevention works. Help make prevention work in your community. To find out how, call the National Clearinghouse for Alcohol and Drug Information, 1-800-729-6686.

Preventing alcohol problems also helps to prevent drowning, a leading cause of injury and death. Nearly 40 percent of drowning and boating tragedies are alcohol-related. Prevention works. Help make prevention work in your community. To find out how, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

Preventing alcohol, tobacco, and other drug problems prevents fires and burns, a leading cause of injury and death. More than half of fire deaths involve alcohol; a third of house fires involve smoking. Prevention works. Help make prevention work in your community. To find out how, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

COLLEGE

Imagine the entire population of Buffalo, NY, dropping dead, and you'll get some idea of the number of today's college students who will eventually die of alcohol-related causes. Even as 28 percent become dropouts and others lower their academic standing, student drinking is still the #1 health problem on college and university campuses. Help make prevention work for your school. Call 1-800-729-6686.

UNDERAGE DRINKING

Alcohol-related highway crashes are the number one killer of youth in America. Every 3 hours another person under 21 dies that way. But prevention works. Take a stand to prevent impaired driving. Support no-alcohol-use measures for kids. Don't let kids drive drunk. For more information on preventing alcohol and other drug problems, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

POSITIVE PREVENTION

Preventing alcohol and other drug problems can prevent teen pregnancy, sexually transmitted disease, school failure, gang violence, and homelessness. To make prevention work for your community, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

Preventing alcohol, tobacco, and other drug problems can prevent teen pregnancy, school failure, disease, and violence. To make prevention work for your community call 1-800-729-6686.

ALCOHOL AND DRUG ABUSE COSTS

Last year, alcohol cost you $429. And that's if you didn't buy any. That's $429 for every man, woman, and child. To find out what you can do to prevent alcohol problems before they start, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686. Prevention works!

It's not just alcoholics and drug addicts who have a problem. Alcohol and other drugs cost this Nation more than $165 billion a year. That's $721 for every man, woman, and child. And that doesn't count the pain and suffering. To find out what you can do to prevent alcohol and other drug problems before they start, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686. Prevention works!

DISASTERS

During times of natural disaster, stress often has resulted in violence, divorce, and increased alcohol consumption. But using alcohol and other drugs to cope with stress could be creating a private disaster for you and your family. Don't make a bad situation worse. Carefully monitor your alcohol intake in times of crisis and don't use illegal drugs or abuse prescription medications. Keeping your head clear is your best chance for getting through any bad situation. For more information on preventing alcohol and other drug problems, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

SAFE HOLIDAY

This holiday season lots of parties feature lively conversation, good food, singing, and a variety of drinks. If you host a holiday party, provide lots of alcohol-free choices. In this season of giving, the best gift can be a celebration ***everyone*** remembers happily. For more safe holiday party tips, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

We have a new outlook on life. We're environmentally aware, we're health conscious, and we're drinking less or not at all. When you entertain, offer your guests a variety of nonalcoholic options. They'll applaud your style. For more holiday party tips, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

What some people do to celebrate holidays is no cause for celebration. Hangovers, injury, and death related to substance abuse all too often mar our memories of this special time of year. But some communities are making prevention work to reduce alcohol and other drug problems. Call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 and ask what you can do to make prevention work where you live.

PROM AND GRADUATION

You're hip, you're smart, and you're graduating! You know how to make good decisions, take care of yourself, and plan for the future. You know that sex under the influence of alcohol or other drugs increases the risks for unplanned pregnancy, rape and sexual assault, and diseases such as HIV/AIDS. And if you don't know, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

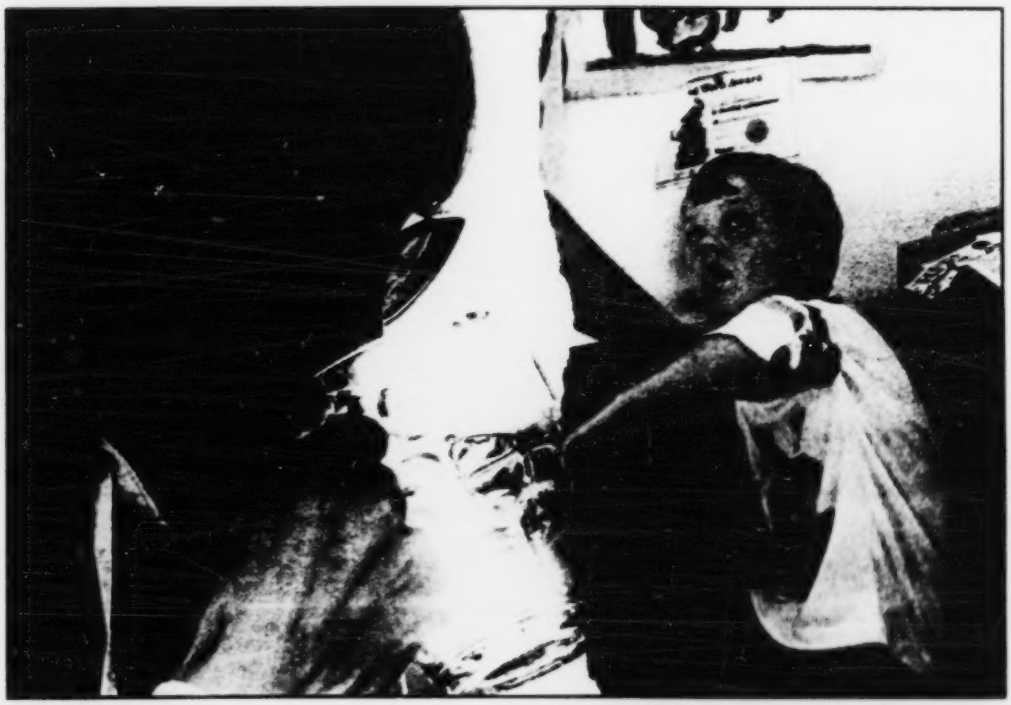
HALLOWEEN

Remember when the scariest part of Halloween was some kid in a sheet jumping out of the shadows yelling boo? Well, it's a lot scarier now that this traditional children's holiday is being used to make alcohol look like a necessary part of Halloween fun. To find out how to treat your kids to prevention, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

VALENTINE'S DAY

Let's get to the heart of the matter. Sex under the influence of alcohol or other drugs increases risks for AIDS, other sexually transmitted diseases, unplanned pregnancy, and sexual assault. So, be a sweetheart, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 and find out how to make prevention work for the ones you love.

People Don't Drink To Get Angry.



It just happens that way.

In studies nationwide, alcohol, more than any other drug, has been closely associated with violence and aggression. In one study, respondents reporting either physical abuse or neglect of children were 5 times more likely to report alcohol abuse or dependence. Alcohol is also involved in over half of all rapes. Substance abuse brings out the worst in people and makes victims of us all. To find out how you can protect your community with prevention programs, contact the **National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847-2345, 1-800-729-6686 (TDD 1-800-487-4889).**

Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

PreventionWORKS!

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Photograph by Stuart Rabinowitz, from the book Family Violence, by Evan Stark, Ph.D. The Rosen Publishing Group

Last Year, alcohol cost you

$429.

And that's if you didn't buy any.

Lost work time. Lower productivity. Higher health care. Extra Hospitalization. We pay a high price for alcohol use and abuse—about $112 billion each year. And that's just part of the cost. Emotional, social, and family hardships also take their toll. Learn what you can do to prevent alcohol and drug abuse problems before they start. Contact the **National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847-2345, 1-800-729-6686 (TDD 1-800-487-4889).**

Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

PreventionWORKS!

Orchestrate a small Miracle.

It's easy. Buy an extra seat to a concert. Bring kids to a rehearsal. Be a mentor. Provide encouragement and support. Then watch the miracle happen. The arts give kids better things to do than drugs. ***Get into the act.*** **Call 1-800-729-6686 for more ideas and FREE prevention materials. And learn how you can become an instrument...of change!**

U.S. Department of Health and Human Services
Public Health Service
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

NATIONAL ENDOWMENT FOR THE ARTS

Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
PreventionWORKS!

MAKING THE LINK:

Domestic Violence & Alcohol and Other Drugs

"Alcohol is associated with a substantial proportion of human violence, and perpetrators are often under the influence of alcohol." Eighth Special Report to the U.S. Congress on Alcohol and Health (Secretary of Health and Human Services, September 1993)

Studies of domestic violence frequently document high rates of alcohol and other drug (AOD) involvement, and AOD use is known to impair judgment, reduce inhibition, and increase aggression. Alcoholism and child abuse, including incest, seem tightly intertwined as well. The connection between child abuse and alcohol abuse "may take the form of alcohol abuse in parents or alcohol intoxication at the time of the abuse incident."[1] Not only do abusers tend to be heavy drinkers, but those who have been abused stand a higher probability of abusing alcohol and other drugs over the course of their lifetime.

Alcohol consistently "emerges as a significant predictor of marital violence."[2] Alcoholic women have been found to be significantly more likely to have experienced negative verbal conflict with spouses than were nonalcoholic women. They were also significantly more likely to have experienced a range of moderate and severe physical violence.

Studies have shown a significant association between battering incidents and alcohol abuse. Further, a dual problem with alcohol and other drugs is even more likely to be associated with the more severe battering incidents than is alcohol abuse by itself. The need for preventing alcohol and other drug problems is clear when examining the following statistics:

- In 1987, 64 percent of all reported child abuse and neglect cases in New York City were associated with parental AOD abuse.[3]
- A study of 472 women by the Research Institute on Addictions in Buffalo, NY, found that 87 percent of alcoholic women had been physically or sexually abused as children, compared to 59 percent of the nonalcoholic women surveyed (Miller and Downs, 1993).[4]
- A 1993 study of more than 2,000 American couples found rates of domestic violence were almost 15 times higher in households where husbands were desribed as often drunk as opposed to never drunk.[5]
- Battered women are at increased risk of attempting suicide, abusing alcohol and other drugs, depression, and abusing their own children.[6]
- Alcohol is present in more than 50 percent of all incidents of domestic violence.[5]

While alcohol and other drug use is neither an excuse for nor a direct cause of family violence, several theories might explain the relationship. For example, women who are abused often live with men who drink heavily, which places the women in an environment where their potential exposure to violence is higher.

A second possible explanation is that women using alcohol and other drugs may not recognize assault cues and even if they do, may not know how to respond appropriately. Third, alcohol and other drug abuse by either parent could contribute to family violence by exacerbating financial problems, child-care difficulties, or other family stressers.

Finally, the experience of being a victim of parental abuse could contribute to future alcohol and other drug abuse.

(continued)

MAKING THE LINK:

Domestic Violence & Alcohol and Other Drugs (continued)

To reduce the incidence of these problems in the future, prevention of alcohol and other drug abuse must be a top priority. For more information, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

All statistics cited in this Making the Link fact sheet come from the following sources:

[1] *Widom, Cathy Spatz. "Child Abuse and Alcohol Use." Research Monograph 24: Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1993.*

[2] *Kantor, Glenda Kaufman. "Refining the Brushstrokes in Portraits of Alcohol and Wife Assaults." Research Monograph 24: Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism. 1993.*

[3] *Chasnoff, I.J. Drugs, Alcohol, Pregnancy and Parenting, Northwestern University Medical School, Departments of Pediatrics and Psychiatry and Behavioral Sciences, Hingham, MA, Kluwer Academic Publishers, 1988.*

[4] *Miller, Brenda A. and Downs, William R. "The Impact of Family Violence on the Use of Alcohol by Women," Alcohol Health and Research World, Vol. 17, No. 2, pp. 137-143, 1993.*

[5] *Collins, J.J., and Messerschmidt, M.A. Epidemiology of Alcohol-Related Violence. Alcohol Health and Research World, 17(2):93-100. U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism, 1993.*

[6] *Fact Sheet on Physical and Sexual Abuse, Substance Abuse and Mental Health Services Administration, April 1994.*

MAKING THE LINK:

Health Care Costs, the Deficit, & Alcohol, Tobacco, and Other Drugs

Alcohol, tobacco, and other drug (ATOD) use contributes significantly to the Nation's health care bill as well as the deficit. Consider the following facts:

- Former Secretary of Health, Education, and Welfare Joseph A. Califano, Jr. (currently chairman and president of the Center on Addiction and Substance Abuse at Columbia University) estimates that in 1993, the cost to society of alcohol, tobacco, and other drugs was nearly $400 billion—about $1,608 for every man, woman and child in the Nation.[1]

- Alcohol and other drug use has been implicated as a factor in many of this country's most serious and expensive problems, including violence, injury, child and spousal abuse, HIV/AIDS and other sexually transmitted diseases, teen pregnancy, school failure, car crashes, escalating health care costs, low worker productivity, and homelessness.[2]

- A large part of the national health care bill is for alcohol, tobacco, and other drug-related medical expenses. For example, 25 to 40 percent of all Americans in general hospital beds (that is not in a maternity or intensive care unit bed) are being treated for complications of alcoholism.[1]

- Twenty-eight percent of all admissions to one large metropolitan hospital's intensive care units (ICUs) were related to ATOD problems (9 percent alcohol, 14 percent tobacco, and 5 percent other drugs). The ATOD-related admissions were much more severe than the other 72 percent of admissions, requiring 4.2 days in ICU versus 2.8 days as well as much more expensive—about 63 percent greater than the average cost for other ICU admissions.[1,2]

- Health care costs related to substance abuse are not limited to the abuser. Children of alcoholics average 62 percent more hospital days than do other children. These increased hospital days result from 24 percent more inpatient admissions and 29 percent longer stays when admitted.[3]

- The Center on Addiction and Substance Abuse at Columbia University estimates that at least 1 of every 5 dollars Medicaid spends on hospital care and 1 in every 5 Medicaid hospital days are attributable to substance abuse.[1]

- Alcohol is the drug most frequently used by 12- to 17-year-olds—and the one that causes the most negative health consequences. More than 4 million adolescents under the legal drinking age consume alcohol in any given month. Alcohol-related car crashes are the number one killer of teens. Alcohol use also is associated with homicides, suicides, and drownings—the other three leading causes of death among youth.[2]

- Prevention does work. However, different ATOD prevention programs yield economic benefits at various times. For example, if alcohol- and drug-taking behavior is reduced among pregnant women, the payoff will be realized within a year. In contrast, the benefits of a successful preschool program may not accrue to society for a decade or more—when these youngsters become adolescents and begin making choices about ATOD use.

For more information, contact the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

(continued)

MAKING THE LINK:

Health Care Costs, the Deficit, & Alcohol, Tobacco, and Other Drugs (continued)

All statistics in this Making the Link Fact Sheet come from the following sources:

[1] *Center on Addiction and Substance Abuse, Columbia University, The Cost of Substance Abuse to America's Health Care System, Report 1: Medicaid Hospital Costs, 1993.*

[2] *Center for Substance Abuse Prevention's Discussion Paper on Preventing Alcohol, Tobacco, and Other Drug Problems, 1993.*

[3] *Children of Alcoholics Foundation, Children of Alcoholics in the Medicaid System: Hidden Problems, Hidden Costs, 1990.*

MAKING THE LINK:

Impaired Driving, Injury, and Trauma & Alcohol and Other Drugs

"Half of all injuries could be avoided by not drinking when you are driving, boating, operating machinery, feeling angry, or using a firearm." Louis W. Sullivan, M.D., former Secretary of Health and Human Services, March 1992

The role of alcohol and other drugs in automobile crash deaths and injuries is widely acknowledged. Alcohol and other drugs also have been linked to an array of serious and fatal injuries, including spinal cord injuries, drownings, bicycle crashes, and intentional injury. Intoxication is frequently found in trauma victims, and a history of trauma is a marker for the early identification of alcohol abuse.

- Alcohol and other drugs are a factor in 45.1 percent of all fatal automobile crashes and one-fifth of all crashes involving injury. In 1992, impaired driving crashes claimed the lives of more than 17,000 Americans and injured 1.2 million others. Of those killed, close to one-third were under 25 years of age.[1]
- More than 40 percent of all deaths of 15- to 20-year-olds result from motor vehicle crashes. In 1993, 40 percent of the 5,905 traffic fatalities of 15- to 20-year-olds were alcohol-related.[1]
- Of 936 patients admitted to the University of California at San Diego Medical Center Trauma Unit in 1988 who underwent a toxicology screening, 65 percent were found to be positive for 1 or more drugs. Of the positives, 50 percent were for alcohol alone, 20 percent were for illicit drugs only, and the remaining 30 percent were positive for 2 or more drugs. Over 75 percent of patients admitted who were between the ages of 21 and 30 tested positive.[2]
- Between 47 percent and 65 percent of adult drownings and 59 percent of fatal falls are associated with alcohol.[3]
- The estimated relative risk of accidental death is 2.5 to 8 times greater among males defined as heavy drinkers or alcohol dependent than among the general population. Alcoholics are nearly 5 times more likely to die in motor vehicle crashes, 16 times more likely to die in falls, and 10 times more likely to become fire or burn victims.[3]

The impact of alcohol- and other drug-related injury and death takes a tremendous toll on our society. The number of potential years of life lost to alcohol- and other drug-related injuries equals those lost to cancer and surpasses those lost to heart disease, the two leading causes of death in the United States.

Beyond the tragedy of lost lives, these incidents exact a huge economic cost. Alcohol-related injuries alone cost an estimated $47 billion annually. And, according to a recent study, illnesses and injuries caused by the use of alcohol, tobacco, and other drugs accounted for nearly 40 percent of the medical costs at one large metropolitan hospital.[4]

For more information, contact the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

All statistics cited in this Making the Link fact sheet come from the following sources:

1 *EARS, National Highway Traffic Safety Administration, 1993 and 1994.*

2 *Bailey, D.N. Drug Use in Patients Admitted to a University Trauma Center, Journal of Analytical Toxicology, Vol. 14, January/February 1990.*

3 *Eighth Special Report to the U.S. Congress on Alcohol and Health, National Institute on Alcohol Abuse and Alcoholism, 1993.*

4 *Center for Substance Abuse Prevention's Discussion Paper on Preventing Alcohol, Tobacco, and Other Drug Problems, September 1993.*

Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
PreventionWORKS!

MAKING THE LINK:

Alcohol, Tobacco, and Other Drugs & Mental Health

Alcohol and other drug (AOD) use is a barrier to accurate identification and effective treatment of those who suffer from psychiatric disorders. Such AOD use may conceal a psychiatric disorder, or accelerate its development and magnify its effects. AOD use can cause symptoms that resemble psychiatric syndromes and may inflate comorbidity rates—the presence of any two or more illnesses in the same person. Thus, an individual might be alcohol dependent and schizophrenic. Comorbid illnesses may occur at the same time, or one may follow the other. The fact that two illnesses are comorbid, however, does not necessarily imply a causal relationship, even if one illness occurs first.[1]

Having either an alcohol or psychiatric disorder increases a person's risk of having the other diagnosis. Alcoholics, for example, are:

- 21 times more likely to have an antisocial personality disorder[2]
- 3.9 times more likely to have a drug abuse disorder[2]
- 6.2 times more likely to have manic depressive disorder[2]
- 4 times more likely to have schizophrenia[2]

In addition, approximately 10 percent of adult dementia in the United States is a result of alcohol-related brain damage.[2]

In the Epidemiologic Catchment Area (ECA) survey of more than 20,000 people in households, group homes, and long-term institutions across the United States, 19.9 percent had psychiatric disorders and 13.5 percent had alcohol abuse/dependence. Of those with alcohol abuse/dependence, 36 percent had another psychiatric disorder.[1]

Another study, known as the National Comorbidity Survey, found that of more than 8,000 non-institutionalized civilian respondents, nearly half (48 percent) reported at least one lifetime psychiatric disorder and 26.6 percent reported a lifetime history of at least one substance use disorder.[3]

Drug abuse appears to increase risks for psychiatric comorbidity. In about one-fifth of cases, alcohol disorders are complicated by abuse of other drugs.[1] Of those with an alcohol-related diagnosis in the ECA sample, 18 percent had another drug use disorder,[1] and at least 90 percent of alcoholics are nicotine dependent.[4]

Preventing alcohol and other drug problems prevents comorbidity and increases opportunities for early, cost-effective, and successful interventions in psychiatric disorders. Prevention works where communities mobilize to discourage underage use of alcohol and other drugs, establish safe and healthy norms regarding these substances for all citizens, and counter risk factors in the environment. For more information, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

All statistics cited in this Making the Link fact sheet come from the following sources:

1 *U.S. Department of Health and Human Services, Eighth Special Report to the U.S. Congress on Alcohol and Health From the Secretary of Health and Human Services, September 1993, pp. 37-59.*

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[2] *M.O. Berman; "Severe Brain Dysfunction: Alcoholic Korsakoff's Syndrome," Alcohol Health & Research World 14(2):120-129, 1990, as cited in "Alcoholism and Co-occurring Disorders," Alcohol Alert, No. 14, PH302, October, 1991.*

[3] *Ronald C. Kessler, PhD, et. al., "Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States: Results from the National Comorbidity Survey," Arch Gen Psychiatry, Vol. 51, January 1994, pp. 8-19.*

[4] *J.K. Bobo, "Nicotine Dependence and Alcoholism Epidemiology and Treatment," Journal of Psychoactive Drugs, 21(3):323-329, 1989, as cited in "Alcoholism and Co-occurring Disorders," Alcohol Alert, No. 14, PH302, October 1991.*

MAKING THE LINK:

Alcohol, Tobacco, and Other Drugs & Pregnancy and Parenthood

"Stop the individual chain reaction before it starts. Help chemically dependent women...not replicate the error, not perpetuate a syndrome which they themselves may suffer." Michael Dorris, author of *The Broken Cord*, in congressional testimony on fetal alcohol syndrome (March 5, 1992).

The use of alcohol, tobacco, and/or other drugs (ATOD) during pregnancy continues to be a leading preventable cause of mental, physical, and psychological impairments and problems in infants and children. According to a recent National Institute on Drug Abuse study on estimated use of selected substances during pregnancy, 5.5 percent of the women surveyed reported using illicit drugs while they were pregnant. Additionally, 18.8 percent reported using alcohol, and 20.4 percent reported using tobacco.[1] The cost of ATOD use during pregnancy is high to society in both human and economic terms. Prevention, including education, can help alleviate those costs.

- Heavy alcohol consumption by a pregnant woman can result in her child being born with fetal alcohol syndrome (FAS), the leading known environmental cause of mental retardation in the Western World.[2] According to research estimates, 1 - 3 of every 1,000 babies are born with FAS.[3]

- There is no known safe level of alcohol consumption for a pregnant woman.[4] Pregnant women who consume between one and two drinks per day are twice as likely as nondrinkers to have low birthweight babies and are at increased risk for miscarrying during the second trimester of pregnancy.[5] Additionally, studies suggest that binge-like drinking, 5 or more drinks in a short amount of time, may be more harmful to the fetus than exposure to the same or larger amounts of alcohol spread out more evenly over time.[6]

- Pregnant women who use drugs such as heroin, methadone, amphetamines, PCP, marijuana, crack, or cocaine can give birth to addicted babies who undergo withdrawal, known as neonatal abstinence syndrome (NAS). Signs of NAS include increased sensitivity to noise, irritability, poor coordination, tremors, and feeding problems.[7]

- Numerous studies suggest that infants of smoking mothers are at higher risk of dying of sudden infant death syndrome.[8]

- Pregnant women who smoke are more likely than nonsmokers to have low birthweight babies and babies who are at risk for developmental delays. Maternal smoking is a contributing factor in 14 percent of premature deliveries in the United States. Additionally, there is a direct correlation between the amount of smoking during pregnancy and the frequency of spontaneous abortion and fetal death.[9]

- Alcohol, nicotine, marijuana, cocaine, and heroin consumed by a nursing mother are passed on to her baby through breast milk. Heavy drinking by the mother also can decrease her milk supply.[10]

- Adverse effects of secondhand smoke on children include: respiratory infections such as bronchitis and pneumonia, increased prevalence of fluid in the middle ear, reduced lung function, increased frequency and severity of symptoms in asthmatic children, and increased risk for asthma in children with no previous symptoms.[11]

(continued)

MAKING THE LINK:

Alcohol, Tobacco, and Other Drugs & Pregnancy and Parenthood (continued)

- Alcohol and other drug use may interfere with a parent's caregiver role. A report by the National Center on Child Abuse and Neglect states that 50 to 80 percent of all child abuse and neglect cases substantiated by child protective services involve some degree of alcohol and other drug use by the child's parents.[12]

- Parents who abuse alcohol and illicit drugs face risks of losing custody of their children. Pregnant women who continue to take drugs against medical advice face increased risks of losing custody of their babies once they are born. In some States, they also risk criminal prosecution.[13]

- More than 70 percent of AIDS cases among women are drug related, either through shared infected intravenous drug needles or through sexual contact with men who became infected when they injected drugs. Women who use intravenous drugs risk not only acquiring the HIV virus themselves but also the double jeopardy of passing the virus and the drug to their unborn babies. [14] Additionally, HIV-positive women can pass the virus on to their babies through breast milk.

For more information on the correlation between substance abuse and pregnancy and parenting, contact the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

All statistics cited in this Making the Link fact sheet come from the following sources:

[1] *U.S. Department of Health and Human Services, National Institute on Drug Abuse, Summary Tables: Annualized Estimates from the National Pregnancy and Health Survey, Sept. 12, 1994, Table 1.*

[2] *U.S. Department of Health and Human Services, Eighth Special Report to the U.S. Congress on Alcohol and Health From the Secretary of Health and Human Services, September 1993, p. 221.*

[3] *U.S. Department of Health and Human Services, Center for Substance Abuse Prevention, Alcohol, Tobacco, and Other Drugs May Harm the Unborn, reprinted 1994, p. 18, and U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism,* Alcohol Alert, *#13, July 1991, p.2.*

[4] *U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism,* Alcohol Alert, *#13, July 1991, p.2.*

[5] *U.S. Department of Health and Human Services, Center for Substance Abuse Prevention, Alcohol, Tobacco, and Other Drugs May Harm the Unborn, reprinted 1994, p. 16.*

[6] *U.S. Department of Health and Human Services, Eighth Special Report to the U.S. Congress on Alcohol and Health From the Secretary of Health and Human Services, September 1993, p. 210.*

[7] *U.S. Department of Health and Human Services, National Institute on Drug Abuse, Drug Abuse and Pregnancy,* Capsule *#33, June 1989, p. 3.*

[8] *U.S. Department of Health and Human Services, National Institutes of Health, Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders, The Report of the U.S. Environmental Protection Agency, 1993, p. 253.*

[9] *U.S. Department of Health and Human Services, Center for Substance Abuse Prevention, Alcohol, Tobacco, and Other Drugs May Harm the Unborn, reprinted 1994, pp. 22-24.*

[10] *Ibid., p. 19, 23, 29.*

[11] *U.S. Department of Health and Human Services, National Institutes of Health, Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders, The Report of the U.S. Environmental Protection Agency, 1993, p. 283, and U.S. Department of Health and Human Services, Center for Substance Abuse Prevention, Alcohol, Tobacco, and Other Drugs May Harm the Unborn, reprinted 1994, p. 24.*

[12] *U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect, Protecting Children in Substance Abusing Families, 1994.*

[13] *U.S. Department of Health and Human Services, Center for Substance Abuse Prevention, Alcohol, Tobacco, and Other Drugs May Harm the Unborn, reprinted 1994, p. 57.*

[14] *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention,* Morbidity and Mortality Weekly Report, *Vol. 44, No. 5, Feb. 10, 1995.*

MAKING THE LINK:

Sex Under the Influence of Alcohol and Other Drugs

These (study) findings suggest a direct association between alcohol and other drug use and unsafe sexual behavior. Eighth Special Report to the U.S. Congress on Alcohol and Health (Secretary of Health and Human Services, October 1993)

Alcohol and other drug use is linked to risky sexual behavior and poses significant threats to the health of adolescents. Substance abuse may impair adolescents' ability to make judgments about sex and contraception, placing them at increased risk for unplanned pregnancy, sexual assault, or becoming infected with a sexually transmitted disease (STD), including HIV/AIDS.

We know the AIDS virus can be transmitted through sharing hypodermic needles. Less is known about the dangerous role of alcohol and other drugs in sexual behavior that may lead to STDs and HIV/AIDS. To compound matters, there is also considerable evidence that alcohol and other drugs weaken the immune system, thereby increasing susceptibility to infection and disease.

Consider the following statistics:

- The use of alcohol and other drugs can affect judgment and lead to taking serious sexual risks. There were 18,540 cases of AIDS among 13- to 24-year-olds reported to the Centers for Disease Control and Prevention by the end of 1994.[1]
- About 75 percent of high school seniors have had sexual intercourse at least once in their lives; about 20 percent have had more than four sexual partners by their senior year.[2]
- Studies show that adolescents are less likely to use condoms when having sex after drinking alcohol than when sober. This places them at even higher risk for HIV infection, STDs, and unwanted pregnancy.[3]
- A survey of high school students found that 18 percent of females and 39 percent of males say it is acceptable for a boy to force sex if the girl is stoned or drunk.[4]
- According to the Centers for Disease Control and Prevention, HIV/AIDS has been the sixth leading cause of death among 15- to 20-year-olds in the United States for over three years. One in five of the new AIDS cases diagnosed is in the 20 to 29 year age group, meaning that HIV transmission occurred during the teen years. Additionally, more than half of new cases of HIV infection in 1994 were related to drug use.[2]

There is still much to be learned about the relationship between alcohol and other drugs and sexual behavior. During the past decade, teens reported higher levels of sexual activity at earlier ages, experienced more unplanned pregnancies, and suffered higher rates of sexually transmitted diseases. To reduce the incidence of these problems in the future, prevention of alcohol and other drug abuse must be a top priority.

For more information, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

All citations in this Making the Link Fact Sheet come from:

[1] *Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 1994, Vol 6., No. 2, Summary of Findings, 1994.*

[2] *Centers for Disease Control and Prevention, HIV/AIDS Prevention, Facts About: Adolescents and HIV/AIDS, December 1994.*

[3] *Strunin, L., and Hingson, R. Alcohol Use and Risk for HIV Infection, Alcohol and Health Research World, Vol. 17, No. 1, National Institute on Alcohol Abuse and Alcoholism.*

[4] *Inspector General, U.S. Department of Health and Human Services, Youth and Alcohol: Dangerous and Deadly Consequences: Report to the Surgeon General, April 1992.*

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MAKING THE LINK:

Alcohol and Other Drugs & Suicide

"They (researchers) cite a wide range of potential suicide triggers, from loss of employment or loved ones, to aging and physical impairment. But, in almost all cases, they agree there is an underlying psychiatric illness—primarily depression, followed by alcoholism and substance abuse."

"The Mystery of Suicide," *Newsweek*, April 18, 1994

Authorities agree that many suicides are not reported, but the National Center for Health Statistics records between 25,000 and 30,000 self-inflicted deaths in the U.S. annually. For every death from suicide, experts estimate that eight other suicide attempts are made. Suicide is now the second leading cause of death among persons 15 to 24 years of age. It is increasingly a problem among adolescents and elderly people.[1]

No cause-and-effect relationship between use of alcohol and/or other drugs and suicide has been established, but such use often is a contributing factor. Research indicates several possible explanations. Drinking, use of other drugs, or both may reduce inhibitions and impair the judgment of someone contemplating suicide, making the act more likely. And use of AOD also may aggravate other risk factors for suicide such as depression or other mental illness.[1]

High rates of alcohol involvement have been found among suicide victims who use firearms. Recent studies suggest that alcohol tends to be associated with impulsive rather than premeditated suicides.[2]

Other research findings underscore the importance of alcohol/other drug problem prevention in reducing suicides:

- Between 20 and 35 percent of suicide victims had a history of alcohol abuse or were drinking shortly before their suicides.[2]
- In one study of youthful suicide, drug and alcohol abuse was the most common characteristic of those who attempted suicide; fully 70 percent of these young people frequently used alcohol and/or other drugs.[3]
- Nearly 24 percent of suicide victims in another study had blood alcohol concentrations (BACs) of .10 or greater (the legal level for intoxication in many jurisdictions).[4]

Similarly, an analysis of 100,000 deaths in 1989 found positive BACs in 35 percent of suicide fatalities.[4]

In 1989, the cost of providing health care for people who had attempted suicide was estimated at $116.4 million annually.[1]

As the fifth leading cause of years of potential life lost, suicide claims an estimated total of 900,000 years of life in America every year.[1] Yet, the value of lives lost to suicide and the impact on those they leave behind cannot be measured.

Prevention works, and preventing alcohol, tobacco, and other drug problems also can help prevent suicide.

For more information, call the National Clearinghouse for Alcohol and Drug Information, at 1-800-729-6686.

All statistics cited in the Making the Link fact sheet come from the following sources:

[1] *National Committee for Injury Prevention and Control, "Injury Prevention: Meeting the Challenge," 1993.*

[2] *Seventh Special Report to the U.S. Congress on Alcohol and Health, January 1990.*

[3] *U.S. Department of Education, "Youth & Alcohol: Selected Reports to the Surgeon General," 1993.*

[4] *Eighth Special Report to the U.S. Congress on Alcohol and Health, September 1993.*

Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

PreventionWORKS!

MAKING THE LINK:

Violence and Crime & Alcohol and Other Drugs

"In both animal and human studies, alcohol, more than any other drug, has been linked with a high incidence of violence and aggression." Seventh Special Report to the U.S. Congress on Alcohol and Health (Secretary of Health and Human Services, January 1990)

Crime is inextricably related to alcohol and other drugs (AOD). More than 1.1 million annual arrests for illicit drug violations, almost 1.4 million arrests for driving while intoxicated, 480,000 arrests for liquor law violations and 704,000 arrests for drunkenness come to a total of 4.3 million arrests for alcohol and other drug statutory crimes. That total accounts for over one-third of all arrests in this country.[1,2]

The impaired judgment and violence induced by alcohol contribute to alcohol-related crime. Rapes, fights, and assaults leading to injury, manslaughter, and homicide often are linked with alcohol because the perpetrator, the victim, or both, were drinking. The economic cost of AOD-related crime is $61.8 billion annually.[3]

Many perpetrators of violent crime were also using illicit drugs. Some of these drugs, such as PCP and steroids, may induce violence. These drugs can also be a catalyst for aggressive-prone individuals who exhibit violent behavior as a result of taking them.

The need for preventing alcohol and other drug problems is clear when the following statistics are examined:

- Alcohol is a key factor in up to 68 percent of manslaughters, 62 percent of assaults, 54 percent of murders/attempted murders, 48 percent of robberies, and 44 percent of burglaries.[4]
- Among jail inmates, 42.2 percent of those convicted of rape reported being under the influence of alcohol or alcohol and other drugs at the time of the offense.[5]
- Over 60 percent of men and 50 percent of women arrested for property crimes (burglary, larceny, robbery) in 1990, who were voluntarily tested, tested positive for illicit drug use.[2]
- In 1987, 64 percent of all reported child abuse and neglect cases in New York City were associated with parental AOD abuse.[6]

We cannot put a monetary value on the human lives and suffering associated with alcohol and other drug problems. But we know the child welfare and court costs needed to deal with the consequences of these problems are substantial. The cost to arrest, try, sentence, and incarcerate those found guilty for these 4.3 million alcohol- and other drug-related offenses is a tremendous drain on our Nation's resources.

Prevention works to reduce the problems associated with alcohol, tobacco, and other drug use. For more information, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

All statistics cited in this Making the Link fact sheet come from the following sources:

[1] *U.S. Department of Justice, Bureau of Justice Statistics, Crime in the United States 1991, Washington, DC, 1992.*

[2] *U.S. Department of Justice, Bureau of Justice Statistics, Drugs, Crime, and the Justice System: A National Report, Washington, DC, 1992.*

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[3] *Institute for Health Policy, Brandeis University, Substance Abuse: The Nation's Number One Health Problem: Key Indicators for Policy. The Robert Wood Johnson Foundation, October 1993.*

[4] *U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism, Alcohol and Health: Sixth Special Report to Congress on Alcohol and Health from the Secretary of Health and Human Services, 1987.*

[5] *Collins, J.J. and Messerschmidt, M.A., Epidemiology of Alcohol-Related Violence, Alcohol Health and Research World, 17(2): 93-100, 1993, National Institute on Alcohol Abuse and Alcoholism.*

[6] *Chasnoff, I.J., Drugs, Alcohol, Pregnancy and Parenting, Northwestern University Medical School, Departments of Pediatrics and Psychiatry and Behavioral Sciences, Hingham, MA, Kluwer Academic Publishers, 1988.*

MAKING THE LINK:

Alcohol, Tobacco, and Other Drugs & Women's Health

"Today we know that when a woman abuses alcohol or other drugs, the risk to her health is much greater than it is for a man. Yet there is not enough prevention, intervention, and treatment targeting women. It is still much harder for women to get help. That needs to change." Former First Lady Betty Ford, Rancho Mirage, CA, April 1995.

Alcohol, tobacco, and other drug abuse can have devastating consequences on women's health. Lung cancer rates among females, for example, have increased sixfold in the past 40 years.[1] Lung cancer now has passed breast cancer as the leading fatal cancer for women.[2]

Women who abuse alcohol and/or drugs are at particular risk for:

- sexual assault
- unprotected sex
- unwanted pregnancies
- sexually transmitted diseases, including HIV/AIDS[3]

The incidence of AIDS is increasing more rapidly among women than men, with heterosexual contact rather than intravenous drug use fast becoming the primary method of transmission to women.[4]

Some women develop drug or alcohol dependencies as a way of coping with past abuse. For example, childhood sexual abuse is a strong predictor of later problem drinking.[5]

Alcohol is associated with domestic violence. Over half of the defendants accused of murdering their spouses and almost half of the victims of spousal murders were drinking alcohol at the time of the offense.[6]
Women become more intoxicated than men when drinking identical amounts of alcohol. With lower water and higher fat contents in their bodies, the alcohol is less diluted and therefore has a greater impact. Enzymes that help metabolize alcohol in the body are less efficient in women than in men. Cirrhosis of the liver, a result of chronic alcohol consumption, occurs in women after a shorter period of consumption than in men.[3]

Adolescent girls are at particular risk for alcohol, tobacco, and other drug abuse:

- Adult males drink more than adult females, but young males and females consume similar amounts of alcohol. Some surveys show more alcohol consumption among females 12-17 years old than among males in that age group.[7]

- Among 12- to 17-year-olds, females surpass males in the use of cigarettes, cocaine, crack, inhalants, and prescription drugs (such as stimulants, sedatives, and tranquilizers) for nonmedical reasons.[7]

Alcohol use by preteen girls can delay the onset of puberty, interfering with adolescent maturation. Alcohol, cocaine, and/or opiates in high doses disrupt the menstrual cycle in women of child-bearing age, inhibiting ovulation and adversely affecting fertility and sometimes leading to early menopause.[3]

Women are more likely than men to combine alcohol with prescription drugs.[5] Dangerous alcohol-drug or drug-drug interaction occurs more frequently in older than younger women for a number of reasons, including declining health leading to more prescribed medications and inadequate communication among various prescribing doctors.[8]

(continued)

MAKING THE LINK:

Alcohol, Tobacco, and Other Drugs & Women's Health (continued)

For more information on the correlation between alcohol, tobacco, and drug use and women's health, contact the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

All statistics cited in this Making the Link fact sheet come from the following sources:

1 *U.S. Department of Health and Human Services, U.S. Public Health Service, National Center for Health Statistics, United States and Prevention Profile: Health 1991, 1992, p. 170.*

2 *U.S. Department of Health and Human Services, Centers for Disease Control, Office on Smoking and Health, Smoking Tobacco and Health: A Fact Book, 1989, p. 11.*

3 *U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism, Eighth Special Report to the U.S. Congress on Alcohol and Health, 1993, p. 245.*

4 *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention,* Morbidity and Mortality Weekly Report, Vol. 44, No. 5, *Feb. 10, 1995.*

5 *U.S. Department of Health and Human Services, National Institute on Drug Abuse, "Alcohol Use and Alcohol Problems in Women: Epidemiological Trends,"* Problems of Drug Dependence 1992, *Research Monograph 132, 1993, p. 30.*

6 *U.S. Department of Justice, Bureau of Justice Statistics Special Report, "Murder in Families," July 1994, p. 3.*

7 *U.S. Department of Health and Human Services, National Institute on Drug Abuse, National Household Survey on Drug Abuse: Population Estimates 1993. pp. 83, 89, 29, 35, 41, 53.*

8 *Dufour, M.C., Archer, L., and Gordis, E., "Alcohol and the Elderly," Clinic in Geriatric Medicine: Health Promotion and Disease Prevention, Vol. 8, No. 1, February 1992, pp. 134-135.*

MAKING THE LINK:

Alcohol, Tobacco, and Other Drugs in the Workplace

"I guess you could call me a thief—I was stealing time from the company." Anonymous small business employee recovering from chemical dependency[1]

Workplace alcohol-, tobacco-, and other drug- (ATOD) related problems cost U.S. companies over $100 billion each year.[2] Yet the workplace often has not been used optimally for prevention of these problems. Given that a large majority of the adult population of the United States is employed, the workplace is one of the most effective ways to reach adult Americans and, in turn, their families and communities.

What's in it for business? Studies show that alcohol and other drug users:

- Are far less productive.[1]
- Use three times as many sick days.[3]
- Are more likely to injure themselves or someone else.[1]
- Are five times more likely to file worker's compensation claims.[3]

And there are other worksite-related ATOD problems:

- A 1991 survey questioning heavy alcohol drinkers and current illicit drug users found that 9 percent of heavy drinkers and 10 percent of drug users had missed work because of a hangover in the past year, 6 percent of heavy drinkers and 15 percent of drug users had gone to work high or drunk in the past year, and 11 percent of heavy drinkers and 18 percent of drug users had skipped work in the past month.[4]
- Approximately 70 percent of all illegal drug users are currently employed.[5]
- Up to 40 percent of industrial fatalities can be linked to alcohol consumption and alcoholism.[3]
- Family members of substance-abusing employees generally have higher than average health care claims.
- Over their lifetime cigarette smokers cost approximately $10,000 more in medical expenditures than do nonsmokers.[6]

Prevention works—Alcohol/tobacco/drug-free workplace policies and procedures, employee assistance programs (EAPs), employee and family education, worksite wellness programs, and changes in workplace culture and norms effectively reduce costs to employers. For example:

- For every dollar employers invest in an EAP, they can save $5 to $16.[1]
- Alcohol/tobacco/drug-free workplaces have a competitive edge in maintaining productivity and quality, improving employee health, and reducing medical claims and absenteeism.

The establishment of alcohol-, tobacco-, and other drug-free workplaces is a critical component of our Nation's efforts to reduce the problems associated with substance abuse. The workplace is the only place that can set a standard of no substance use for employees that is tied to an economic incentive—a paycheck.

For more information, call the National Clearinghouse for Alcohol and Drug Information, at 1-800-729-6686.

All statistics cited in this Making the Link fact sheet come from the following sources:

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Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
PreventionWORKS!

[1] *What Works: Workplaces Without Drugs, U.S. Department of Labor, 1991.*

[2] *Working Partners: Confronting Substance Abuse in Small Business, National Conference Proceedings Report, U.S. Department of Labor, 1992.*

[3] *NCADD Fact Sheet: Alcohol and Other Drugs in the Workplace, National Council on Alcoholism and Drug Dependence, Inc., May 1992.*

[4] *Institute for Health Policy, Brandeis University, Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy, The Robert Wood Johnson Foundation, October 1993.*

[5] *U.S. Department of Health and Human Services, National Institute on Drug Abuse, National Household Survey on Drug Abuse, 1991.*

[6] *Hodgson, T.A., Cigarette Smoking and Lifetime Medical Expenditures, The Milbank Quarterly, Vol. 70, No. 1.*

MAKING PREVENTION WORK

Actions for African Americans

- Challenge myths about African-American youth and their involvement with alcohol and other drugs. Celebrate the resilience and pride of young African Americans.

- Encourage African-American communities to fight drugs and crime and violence. Seek out and disseminate relevant, up-to-date information throughout your community. Identify local and national alcohol- and drug-related resources and provide churches, community organizations, and families information about how to access them.

- Create bonds with young African Americans, families, churches, schools, law enforcement agencies, businesses, and the media. Learn to work together and share resources.

- Volunteer your time and skills to work with community organizations, youth groups, etc. Mentoring, tutoring, skill building, and other activities help motivate youth and help build drug-resistant communities.

- Provide financial backing and other important resources to support alcohol, tobacco, and other drug prevention events and activities. Fliers, buttons, and balloons also can help promote prevention.

- Encourage young people to participate in alcohol, tobacco, and other drug prevention youth activities. Sponsor alcohol-, tobacco-, and other drug-free events for youth and provide safe environments for these activities.

- Promote prevention activities at business meetings and in your office correspondence. Many corporations and individuals want to do more but need guidance and suggestions on what to do. A good starting place is the National Clearinghouse for Alcohol and Drug Information. Call 1-800-729-6686.

- Donate space in your convenience store, video game center, or clothing or record store for posters and other prevention materials.

- Share pride in the accomplishments of neighborhood children by writing to your community newsletter, city newspaper, and broadcast stations about their activities.

- Hold a town meeting to learn what your neighbors think and what they want to do to make a difference.

- Set up an alcohol, tobacco, and other drug problem prevention information hotline.

- Be a positive role model, especially for young children. Help them find ways to resolve their problems without resorting to violence or substance abuse.

For prevention information, services, and tools call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

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MAKING PREVENTION WORK

Actions for Asian/Pacific Islander Americans

- Raise awareness about problems Asian Americans and Pacific Islander Americans face with substance abuse and access to health care services.
- Acknowledge the diversity—including the conflicts and the shared values and attitudes—of the many cultures included within this category.
- Talk with your community about substance abuse among Asian/Pacific Islander families. Hold meetings to discuss practical solutions.
- Involve community members whose voices command respect of both parents and youth—elders, teachers, doctors, merchants/business leaders, community leaders, and youth role models—in prevention efforts.
- Help recent immigrants cope with the English language and American culture. Life stresses, such as a major relocation, can be a precursor to abusing alcohol and other drugs.
- Let health, law enforcement, and court officials know your concern about substance abuse in the community. Help them understand Asian/Pacific Islander norms and values and their diverse traditions regarding use of alcohol, tobacco, and other drugs (ATOD). Ask how you can collaborate on prevention.
- Help community members, particularly youth, understand the negative consequences of drinking, smoking, and using other drugs. Help them understand the links between use and threats to community, family, and individual well-being such as violence, teen pregnancy, HIV/AIDS, school failure, and unemployment.
- Acknowledge, respect, and celebrate prevention/healing practices of traditional cultures. Prevention should incorporate culturally based support systems in families and communities as well as Eastern and Western wellness models.
- Get involved with youth in your community. Encourage their interests, praise their successes, and help them take pride in their cultural heritage.
- Be a good role model. Help young people find ways to resolve problems without resorting to violence or substance abuse. Demonstrate safe and healthy problem-solving and show that helping others helps you as well.
- Work with others in the community—clubs, schools, churches, neighborhood groups and associations—to sponsor and promote safe, healthy activities that do not feature alcohol, tobacco, or other drugs.
- Take an active role in Asian/Pacific Islander American community issues and needs. Get to know elected officials, business and education leaders, community and religious leaders, and those in the media, and demonstrate special needs for prevention in the community.
- Remind community leaders of the importance of having proactive community representation at all levels of policy and decisionmaking. Help them recruit Asian/Pacific Islander Americans to participate in public and private efforts to prevent ATOD problems.

For prevention information, services, and tools call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

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MAKING PREVENTION WORK

Actions for Business

- Announce that prevention of alcohol, tobacco, and other drug (ATOD) problems has become a major corporate focus and that there is an expectation that everyone will take part in and benefit from this collective effort.

- Be aware of the potential risks that alcohol, tobacco, and other drugs pose for any size business: absenteeism, loss of productivity, tardiness, higher worker's compensation rates, higher product cost, high turnover, insurance liability, reduced morale, increase in injury and fatality rates, theft, poor quality of products and services, and increased use of health services.

- Develop and implement a model alcohol/smoke/drug-free workplace policy and fully explain the benefits and procedures to all employees. Educate employees about preventing ATOD problems in the workplace.

- Provide training to managers and supervisors about how to prevent ATOD problems in the workplace. Encourage employees to seek help without feeling guilty, shameful, or fearful of losing their jobs. Learn about employee assistance programs (EAPs) and how you can implement one in your business. The leverage of the job can be an effective way to motivate an employee into a treatment program. Start by calling the CSAP Workplace Helpline at 1-800-843-4971.

- Provide information to your employees about the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS, teen pregnancy, domestic violence, crime, and rising health care costs.

- Display prominently in the workplace educational information about ATODs and include articles in company newsletters, with paychecks, and in other interoffice communications.

- Sponsor prevention programs that benefit employees, their families, and the community. These services foster good will, build community cohesion, set community norms, and help develop a healthy, substance-free workplace for the present and the future! Examples include mentoring programs, parenting training, stress management workshops, courses on health fairs, and workshops on preventing ATOD use by children.

- Host alcohol-free events, noting your company's commitment to prevent injury or death associated with drinking and driving, especially around holidays.

- Include awareness messages in your advertising or packaging and display posters in your store front.

- Contact your local chamber of commerce and suggest holding educational meetings and distributing materials on ATOD-related problems to members.

- Serve as a leader, supporter, or active participant in other community-based efforts to prevent ATOD use by youth. Consider adding a corporate performance standard for all employees that promotes community involvement in ATOD prevention.

For prevention information, services, and tools call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

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MAKING PREVENTION WORK

Actions for American Indians/Alaska Natives

- Seek information about options for health promotion, disease prevention, and health care for Native Americans. Get a better grasp of key issues: improved access to and utilization of existing health services and research into innovations in linking them to traditional methods of healing.
- Talk with your neighbors about the problems facing your community and hold regular meetings to discover workable solutions. Build upon community spirit until more people in the community are involved.
- Learn from local health and court officials about alcohol- and other drug-related problems in your community. Help them to become sensitive to Native American teachings about ways to cope with these problems. Offer assistance in developing culturally sensitive prevention and treatment programs for the community.
- Set time aside to listen to what the children have to say. Ask about their friends and their friends' families. Praise their successes and instill in them a love of family and sense of pride in their Native American heritage which can help protect them from misuse of alcohol, tobacco, and other drugs.
- Develop community programs and organizations that promote healthy fun and a playful spirit to compete with the lure of alcohol and other drug use.
- Take an active role, in whatever way you can, in Native American community affairs and governance. Get to know your leaders. Ask your neighbors to get involved.
- Encourage people to tell stories about personal experiences with the consequences of alcohol, tobacco, and other drug use and abuse.
- Help build resiliency in youth—the ability to recover strength, spirits, good humor, etc., quickly—so they are more likely to resist drug use.
- Alert the community about the need for developing resources and services to handle life stresses. Be aware that stresses, such as the loss of employment or illness, may put people at risk for increased alcohol consumption.
- Talk with members of your community or tribe about alcohol and other drug use and the potential health, safety, and legal consequences of use.
- Take steps to create drug-free environments and attitudes.
- Know what to do and where to go if you suspect a problem.
- Honor a positive role model. Respect the gifts of wisdom that elders can offer. Speak from your own heart to the hearts of others. Share your prevention vision.
- Help Native American youths deal with peer pressure by praising their good decisions and reinforcing their involvement with community and family.
- Team with others to provide support and activities that foster resilience.
- Become a leader in your community, church, circle, family, or tribe in forming and enforcing a non-substance abusing atmosphere.

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Actions for Colleges and Universities

- Raise awareness of the fact that alcohol—by far the drug of choice for college students—is a key factor in academic and social problems on American campuses. Be aware of the link between serious campus problems and alcohol: vandalism, date rape, poor academic performance, dropouts, injuries, and death.

- Ensure that students know where to obtain help with alcohol, tobacco, and other drugs (ATOD) problems.

- Provide students with alternative activities to drinking:
  - Keep campus facilities open.
  - Expand recreational activities for nights and weekends.
  - Respond to needs for "spontaneous" alternatives.

- Change the campus environment.

  For those under 21:
  - Prevent underage drinking.
  - Limit college newspaper alcohol advertising.
  - Ban alcohol industry sponsorship of college activities.

  For those over 21:
  - Limit places and times for drinking.
  - Prohibit drunkenness.
  - Regulate conditions of use.
  - Do not sponsor a "bar" on campus.
  - Develop designated driver programs.

- Train faculty and administrators on recognition and referral of ATOD-related problems. Encourage them to integrate ATOD education into their curricula.

- Be aware of the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS. Make students aware that using alcohol and other drugs can lead to unplanned and unprotected sex. Many drugs, including alcohol and tobacco products, interfere with the body's immune system.

- Provide smoke-free environments in campus dormitories, cafeterias, etc.

- Encourage prevention efforts by having students and faculty direct studies in their discipline toward college drinking problems.

- Encourage art students, student athletes, and campus media to assist in the dissemination of prevention messages.

- Involve students and faculty in the development of firm policies regarding substance use and abuse.

- Enforce campus rules and regulations.

- Develop aggressive media campaigns to balance the alcohol industry's advertising and promotions.

- Be positive role models. Do not engage in any illegal, unhealthy, or dangerous ATOD use practices. Provide an example consistent with your messages to youth.

For prevention information, services, and tools call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

MAKING PREVENTION WORK

Actions for Community Groups

- Make prevention of alcohol, tobacco, and other drug (ATOD) use by youth a priority for your community, organization, or group. State your commitment in printed materials and in public remarks made on behalf of your group.
- Obtain and use prevention tools and materials from local libraries, county alcohol and other drug prevention directors, State RADAR (Regional Alcohol and Drug Awareness Resource) Centers, and the National Clearinghouse for Alcohol and Drug Information as well as private non-profit organizations.
- Establish a clear no-use policy regarding ATOD for all youth activities. Set rules regarding illicit drug and tobacco use for community group members.
- Host appealing ATOD-free alternative activities for underage people; encourage schools, parks and recreation departments, and other youth-serving groups to offer such activities.
- Host ATOD-free social events for adults to illustrate that they also can enjoy normal social activities where alcohol is not served.
- Be aware of the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS. Make others aware that using alcohol and other drugs can lead to unplanned and unprotected sex. Many drugs, including alcohol and tobacco products, interfere with the body's immune system.
- Teach your members resiliency-building interventions and strategies, shown to help buffer stresses experienced by youth living in families with ATOD-related problems.
- Talk with youth about alcohol, tobacco, and other drugs and listen to their pressures and problems.
- Advocate public policies shown to reduce underage ATOD use and related problems such as lower legal blood alcohol levels (BACs), particularly for those under 21; Administrative License Revocation (ALR) laws; "use-lose" laws; enforcement of age-of-purchase laws; and restrictions on outdoor advertising of alcohol and tobacco products near or adjacent to youth gathering places.
- Provide and supervise "safe havens" or secure ATOD-free areas where youth can gather for social, recreational, and athletic activities, particularly in communities where public parks, playgrounds, streets, vacant lots, and the like attract ATOD users, drug dealers, gang activity, etc.
- Encourage schools to offer student assistance programs (SAPs), ATOD-specific counseling services, and easy, confidential access to other ATOD helping resources in the community.
- Be a positive role model. Do not engage in any illegal, unhealthy, or dangerous ATOD use practices. Provide an example consistent with your messages to youth.
- Encourage media to deliver positive ATOD prevention information and messages targeting youth audiences and to cover popular ATOD-free youth activities.
- Know what to do if you suspect a problem.
- Be tolerant of a child's individuality. ACCEPT a child for his or her talents and personality.

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Actions for Faith Communities

- Give messages about how alcohol, tobacco, and other drug (ATOD) use interferes with adherence to positive personal values, "moral" or responsible citizenship, personal commitments, spiritual goals, etc. Teach non-ATOD paths to spiritual comfort (meditation, exercise, inspirational reading, helping others, etc.).

- Acknowledge that the prevention of ATOD problems is a major concern of your congregation/faith community and that there is an expectation that religious and lay leaders will dedicate themselves to this concern.

- Establish a congregation/faith communitywide policy regarding abuse of alcoholic beverages that acknowledges the risks associated with use and firmly supports no use for persons under the age of 21.

- Schedule sermons on alcohol and other drug abuse and tie them into prevention-related community campaigns or special events.

- Host alcohol-free congregation/faith community events out of concern about alcohol-related injury and death and encourage members to do the same.

- Hold training workshops on alcohol, tobacco, and other drug prevention for parents and other groups.

- Encourage successful role models who have achieved success without using/abusing alcohol, tobacco, and other drugs to participate in congregation-sponsored events, especially those for youth.

- Include prevention/healthy lifestyle articles in congregation/faith community publications such as bulletins and newsletters. List ATOD resource information.

- Beware of the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS. Make your members aware that using alcohol and other drugs can lead to unplanned and unprotected sex. Many drugs, including alcohol and tobacco products, interfere with the body's immune system.

- Host Twelve-Step recovery meetings (e.g., Alcoholics Anonymous, Al-Anon, Alateen) and other support groups at facilities operated by your congregation and stay informed about local referral resources and intervention services.

- Encourage the use of your faith community's facilities for alternative youth activities, mentoring programs, parent training, stress management seminars, healthy lifestyles workshops, and substance abuse prevention education sessions.

- Encourage faith community members to lead by example. Ask adult members to avoid excessive alcohol consumption (if any consumption is permitted by your faith) and abstain from illicit drug use. Inform them that their behavior often is emulated by underage youth. Ask youth to abstain totally from alcohol, tobacco, and other drugs and to encourage their friends to do the same.

- Integrate into premarriage meetings or counseling sessions information on issues such as Fetal Alcohol Syndrome, parents as role models and educators about alcohol and other drugs, and warning signals of alcoholism.

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Actions for Family Members of People With Disabilities

- Learn how having a disability poses unique risk factors for the development of alcohol, tobacco, and other drug (ATOD) problems, and, conversely, how ATOD use poses unique risks for the disabled.
- Help people with disabilities develop alternative coping strategies, other than using alcohol, tobacco, and other drugs, for dealing with the disability.
- Include people with disabilities in constructive activities that take advantage of their full potential. Excessive isolation is a key risk factor for ATOD problems.
- Advocate for the creation of fulfilling employment opportunities in your community for people with disabilities (who are often unemployed or underemployed).
- Advocate for more prevention and treatment programs that are tailored to the physical, emotional, and developmental needs of people with disabilities.

Actions for Providers of People With Disabilities

- Ask your doctor about the over-the-counter and prescription drugs that you take. Alcohol, in combination with some medications, may cause serious physical reactions. The safest option is to not drink alcohol while using these medications.
- If you are of legal age and choose to drink, recognize that your physical condition may reduce your tolerance to the effects of alcohol, putting you at greater risk for accidents and injuries.
- Be aware that alcohol and other drugs can interfere with learning and developing social skills, decreasing a person's ability to be independent.
- Youth with disabilities need positive role models. Take an active role in community efforts to prevent alcohol, tobacco, and other drug use.
- Your body's immune system is affected by alcohol, tobacco, and other drug use. Protect yourself from becoming infected with HIV/AIDS and other sexually transmitted diseases by limiting your use of alcohol and steering clear of tobacco and other drugs.

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Actions for Health Care Professionals

- Educate your clients about the consequences of alcohol, tobacco, and other drug (ATOD) use and abuse. Work with established ATOD prevention groups or use a hospital/HMO (health maintenance organization) or health department as a site that provides ATOD information and training.
- Examine your own ATOD use and decide if it is consistent with your professional responsibilities.
- Learn what you can do in your position to prevent ATOD abuse. A suggestion from a health care provider about alcohol, tobacco, or other drug use is one of the most effective deterrents to use/abuse.
- Help build resiliency in youth so they are more likely to resist drugs. Encourage involvement in healthy activities, listen to their concerns, and build their positive sense of self-identity by affirming and encouraging their accomplishments. Work with schools to provide afterschool care and positive peer pressure programs.
- Learn about the resources available to address ATOD problems. Do not try to resolve the problem by yourself—there are networks of volunteers and social service professionals who are trained and available to intervene if necessary.
- Provide training to managers and supervisors about how to prevent ATOD problems in the workplace. Encourage employees to seek help without feeling guilty, shameful, or fearful of losing their jobs.
- Be aware of the connection between alcohol, tobacco, and other drugs and sexually transmitted diseases, including HIV/AIDS. Make patients aware that using alcohol and other drugs can lead to unplanned and unprotected sex. Many drugs, including alcohol and tobacco products, interfere with the body's immune system.
- Consider implementation of an early detection referral and treatment guideline similar to the one developed by the Group Health Cooperative of Puget Sound. (For more information on these guidelines, contact the Group Health Cooperative at 206-883-5608.)
- Screen all patients for ATOD problems in the course of obtaining a detailed medical history and physical. Ask about use/abuse patterns in the family to identify children in at-risk situations. Talk with patients about the implications for children and family.
- When prescribing medication, inform patients and their families about the side effects of combining alcohol and other drugs.
- Be involved in professional organizations that can influence decisionmakers concerning local, State, and Federal policy on ATOD problems.
- Take a comprehensive approach to prevention efforts. Serve as a leader, supporter, or active participant in other community-based efforts to prevent ATOD use by youth.
- Be a positive role model. Do not engage in any illegal, unhealthy, or dangerous ATOD use practices. Provide an example consistent with your messages to youth.

For prevention information, services, and tools call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

MAKING PREVENTION WORK

Actions for Hispanics/Latinos

- Learn more about the problems Hispanics/Latinos living in this country face with respect to health care, substance abuse, and access to adequate medical services. Get a better grasp of the key issues: improved access to health care, improved data collection, development of a research agenda, and greater support from and representation in the science and health professions.

- Talk with people in your community about the problems facing local Hispanics/Latinos and hold regular evening meetings to discuss workable solutions. Build upon this neighborhood gathering until you begin to involve more and more members of the community—your local priests, school principals, chamber of commerce, community leaders, employers—the "chispas de accíon" of any community.

- Speak to local health and court officials about the specific problems of alcohol, tobacco, and other drugs (ATOD) in your community. Help them to better understand and become more sensitive to Hispanic/Latino norms and values. Find out how you might offer your assistance in the community.

- Help a youngster or a friend understand the serious consequences of distorted "machismo" attitudes and their negative effect on risk-taking behaviors such as drinking, smoking, taking drugs, and exposing themselves to HIV/AIDS.

- Be a good role model, especially for young people. Help them find ways to resolve their problems without resorting to violence or substance abuse. Remember, helping others helps you as well.

- Set time aside to listen to what is going on in your children's lives. Ask about their friends and their friends' families. Praise their successes and instill in them a love of family and a sense of pride in their Hispanic/Latino heritage. A sense of community is an important protective factor in keeping children away from alcohol, tobacco, and other drugs.

- Work with others in the community to develop and promote healthy, imaginative, and fun activities that do not feature alcohol, tobacco, or other drugs—especially those that appeal to children, their parents, and their extended families.

- Help new neighbors, perhaps recent immigrants, cope with the difficulties of the English language and the American culture. Life stresses, such as a major move, can be a precursor to abusing alcohol and other drugs.

- Take an active role, in whatever way you can, in Hispanic/Latino issues and needs. Get to know your elected officials, business and education leaders, community and religious leaders, and those in the media. Alert them to the importance of having proactive representation by Hispanics/Latinos at all levels of government policy and decisionmaking. Offer Hispanic/Latino representatives to be part of any ATOD community outreach and education.

For prevention information, services, and tools call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

MAKING PREVENTION WORK

Actions for Individuals

- Review your own knowledge, attitudes, and practices regarding use of alcohol, tobacco, and other drugs (ATOD); determine whether you follow Federal dietary guidelines for alcohol consumption. If you smoke, develop a plan to stop. Adhere to doctor's directions for use of prescription drugs; follow manufacturer's guidelines regarding nonprescription pharmaceuticals. Do not use any illegal drugs.

- Make an educated decision regarding ATOD use in your life. Put yourself and your family in situations that support your decision. If you are not sure about your decision, seek assistance from a local prevention community group or leader.

- Talk with children, friends, and family members about alcohol, tobacco, and other drugs. Listen. Find out what kind of pressures the people you talk to are facing.

- Help a child deal with peer pressure by acknowledging good choices and reinforcing connections to supportive social, family, and community systems.

- Be aware of the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS. Using alcohol and other drugs can lead to unplanned and unprotected sex. Many drugs, including alcohol and tobacco products, interfere with the body's immune system.

- Set firm "no use" rules for alcohol, tobacco, and other drug use by all youth under 21 in your care.

- Encourage healthy, creative activities that do not involve alcohol, tobacco, or other drugs.

- Support community, workplace, and school efforts to establish and maintain alcohol-, drug- and smoke-free environments.

- Team up with others to provide support and activities that foster resilience.

- Know what to do if you suspect a problem.

- Become a leader in your community, your church, and your neighborhood in formulating and enforcing a non-ATOD atmosphere.

- Be a positive role model. Do not engage in any illegal, unhealthy, or dangerous ATOD use practices. Provide an example consistent with your messages to youth.

- Take a comprehensive approach to prevention efforts. Serve as a leader, supporter, or active participant in other community-based efforts to prevent ATOD use by youth.

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MAKING PREVENTION WORK

Actions for the Judiciary

- Provide opportunities for youth to develop "life skills" —skills to help them be successful and make choices that do not involve risky behaviors.
- Implement programs in the justice system that divert offenders with alcohol and other drug addictions into treatment rather than into prison. Ensure that youth on parole/probation receive prevention education.
- Develop a comprehensive strategy for addressing alcohol, tobacco, and other drug (ATOD) problems by involving various community groups and leaders to strengthen the community's response.
- Advocate changes through drafting and promoting legislative initiatives that encourage prevention.
- Educate youth and parents about the legal consequences of alcohol and drug use and abuse. For instance, a bar association in Texas has produced a videotape for teens on street law. Teens wrote and starred in the video, which is used by lawyers in school classrooms to talk with youth about these issues.
- Be aware of the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS. Make the public aware that using alcohol and other drugs can lead to unplanned and unprotected sex. Many drugs, including alcohol and tobacco products, interfere with the body's immune system.
- Educate members of the profession about prevention. Since many lawyers have continuing education requirements, bar associations can develop continuing legal education (CLE) programs to train lawyers on the role they can play in substance abuse prevention.
- Implement innovative approaches in the court system to address the multiple needs of families, including substance abuse.
- Provide pro bono services to indigent families with substance abuse problems. In many communities, lawyers are linking with community organizations such as Healthy Start to address the legal needs of families using the program.
- Provide free legal advice to small businesses in workshops regarding State and Federal regulations, employers rights, etc.
- Work to incorporate alcohol and other drug education into the curriculum at the Judicial College. Develop a strong employee assistance program to provide help for impaired lawyers, judges, and other court workers.
- Use court waiting areas as places to display prevention messages.
- Take a comprehensive approach to prevention efforts. Serve as a leader, supporter, or active participant in other community-based efforts to prevent ATOD use by youth.
- Be positive role models. Do not engage in any illegal, unhealthy, or dangerous ATOD use practices. Provide an example consistent with your messages to youth.

For prevention information, services, and tools call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686

MAKING PREVENTION WORK

Actions for Juvenile Justice and Child Welfare

- Raise awareness of the fact that violence is a public health problem that is often inextricably linked with alcohol, tobacco, and other drug (ATOD) problems.
- Support broad-based community coalitions as a vehicle for implementing a comprehensive ATOD prevention strategy that includes prevention, education, treatment, and law enforcement.
- Develop new approaches to juvenile justice that foster linkages between the community, the courts, and the juvenile justice system. Encourage interdisciplinary team approaches in well integrated community settings.
- Make community-based services available and accessible to high-risk and delinquent youth.
- Place a priority on the assessment and treatment of alcohol and other drug problems of persons in court on domestic violence or child abuse and neglect charges and develop programs to intervene with the children of these individuals.
- Ensure a continuum of mandatory prevention and treatment services to drug-involved offenders in juvenile detention and correction facilities and on probation and after care. Linkages to community-based treatment should be provided to ensure continuing care upon release.
- Provide alternatives to incarceration that include alcohol and other drug treatment and intermediate sanctions. Include an array of sanctions ranging from diversion, to probation, to community service, to confinement. A range of services including day treatment, alternative schools, close supervision or "tracking" programs, family support, probation and after care, and secure custody should be available to meet the needs of juveniles.
- Use intervention methods that are swift, certain, and consistent and occur at the earliest possible opportunity. Effective treatment programs for children and youth who are already using alcohol, tobacco, and other drugs are especially critical.
- Accompany intervention with appropriate treatment for those juveniles using alcohol, tobacco, and other drugs. Treatment programs should combine individual accountability with intensive treatment, rehabilitation, and follow up.
- Offer juveniles viable options for completing their education and make job training and placement available to every juvenile who comes into the juvenile justice system.
- Adopt law enforcement approaches such as community policing that can prevent and reduce violence.
- Train court officers to identify and refer offenders with alcohol and other drug problems at the earliest possible point of intervention.
- Promote positive youth development and outcomes by teaching decisionmaking skills, personal responsibility, and resistance to social pressure.
- If parents have ATOD problems, develop programs that protect children from the harsh effects of ATOD by treating their parents.

For prevention information, services, and tools call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

MAKING PREVENTION WORK

Actions for Media

- Establish clear policies against alcohol, tobacco, and other drug (ATOD) use in the workplace.
- Know the potential risks that alcohol, tobacco, and other drugs pose for any size business: absenteeism, loss of productivity, loss of income, insurance liability, mistakes, reduced morale, and illness.
- Be aware of the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS. Make the public aware that alcohol and other drugs can lead to unplanned and unprotected sex. Many drugs, including alcohol and tobacco products, interfere with the body's immune system.
- Share helpful information and success stories with the public to inspire community leaders, teachers, and parents to take action.
- When covering ATOD-related topics or depicting them in programming, avoid placing them adjacent to paid advertising for alcohol and tobacco products so as not to deliver a "mixed" message.
- When reporting crimes, fires, car crashes, and tragedies, question law enforcement, hospital, and rescue personnel about the possible role of ATOD and include findings in your coverage.
- Be an in-house advocate for donated print space or air time for public service messages supporting ATOD prevention. Remind those in charge that ATOD prevention deserves top priority among many deserving requests for public service attention.
- Provide balance for pro-ATOD use messages with positive reporting of ATOD-free adult and youth rolemodeling, community activities, etc. Portray abstinence as one "normal" option many adults choose regarding alcohol and tobacco products.
- Ensure that your prevention messages are culturally relevant and sensitive to the needs of your viewing/listening public.
- Promote an ATOD awareness week or month, or sponsor sports events to raise money to treat disadvantaged youth with alcohol and other drug problems.
- Host editorial briefings on ATOD-related problems with local ATOD prevention representatives. Encourage community affairs, talk shows, and news programming producers and directors to be proactive in developing ATOD-related programs.
- Volunteer with community-based ATOD prevention groups; advise and assist in their public information and media relations efforts; write information materials, news releases, scripts for public service announcements, etc.
- Counter and challenge stereotyping and glamorization of members of the journalism and entertainment professions as heavy-smoking, hard-drinking "heroes" by identifying leaders of your profession who do not engage in these practices and by reporting the lost health, careers, and lives of those who do.

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MAKING PREVENTION WORK

Actions for Older Americans

- Be aware that age-related stresses, such as loss of employment, widowhood, or other bereavement, may put you at risk for increased alcohol consumption. Alert others in your age group to this problem.

- The changing metabolism that comes with aging can make older people more susceptible to the effects of alcohol. Be aware that consuming the same amount of alcohol as in younger years may have greater effects and lead to problems.

- Alcohol problems are compounded by drug use. Do not mix alcohol with over-the-counter or prescription drugs. Ask questions of your doctor and your pharmacist regarding alcohol and tobacco use and their possible interaction with prescription medications.

- Volunteer — alternative activities held in schools and communities are in particular need of your skills and experience. Your time and involvement will make a real difference to peers, youth, families, and others.

- Get involved with youth in your community and share your cultural knowledge and wisdom. Encourage their interests, praise their successes, and help them take pride in their heritage.

- Numbers of HIV/AIDS cases are growing among older Americans. Educate yourself and your peers on risky behaviors which can lead to acquiring HIV/AIDS.

- Talk with your family, children, and grandchildren about alcohol, tobacco, and other drug (ATOD) use and the potential health, safety, and legal consequences.

- Take a comprehensive approach to prevention efforts. Serve as a leader, supporter or active participant in community-based efforts to prevent ATOD abuse in youth, adult, and peers.

- Take positive steps toward prevention: exercise, support drug-free environments, and get involved in healthy activities.

- Know what to do if you suspect a problem.

- Be a positive role model. Do not engage in any illegal, unhealthy, or dangerous ATOD use practices. Provide an example consistent with your messages to youth.

For prevention information, services, and tools call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

MAKING PREVENTION WORK

Actions for Parents, Guardians, and Caretakers

- Establish and enforce rules against underage drinking. Keep alcohol, tobacco products, and prescription drugs out of the reach of children too young to adhere to such rules. Do not use or store illegal drugs in your home. Avoid exposing others to tobacco smoke and acknowledge that regular smoking is unhealthy. Do not use alcohol if you are pregnant, plan to drive or engage in a physical activity, take medications, cannot keep your drinking moderate, or are a child or adolescent.
- Be clear and consistent in stating your expectation that underage youth in your charge will not use alcohol, tobacco, and other drugs (ATOD). Let other parents know your views if your children are going to be guests in their homes.
- Be aware of the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS. Make children aware that using alcohol and other drugs can lead to unplanned and unprotected sex. Many drugs, including alcohol and tobacco products, interfere with the body's immune system.
- If a family member exhibits signs of an ATOD problem, be prepared to connect him or her with appropriate help in your area. Know what alcoholism/addiction and ATOD dependence are and what resources are available to you.
- Help children understand that they are not responsible for problems adults experience, that adult behavior while under the influence of ATOD does not necessarily reflect true attitudes. Learn what else you can do to help buffer stress for children in this situation and reduce their risk of developing serious problems in their own lives.
- Help children and adolescents learn the health, safety, and legal consequences of using ATOD. Be sure they understand that alcohol and tobacco are drugs and are as dangerous as illegal drugs.
- Model low-risk alcohol use and ask others in your community to do so as well. Be a responsible host.
- Model and encourage good health practices: serve balanced and nutritious meals at regular times and plan ATOD-free family activities. Encourage individual expression and creativity and respect for nature and the human spirit.
- Be sure children have easy access to a wide range of appealing, ATOD-free, alternative activities and safe, monitored areas where they can gather.
- Discuss alcohol and tobacco advertising and marketing with youth. Ask what they think about these messages, whether they understand their purpose, and whether they recognize that these messages do not teach the possible harmful effects of using these products.
- Support proposed public policy changes likely to make your community, your State, and the country a safer, healthier, and positively challenging environment.
- Be a positive role model. Do not engage in any illegal, unhealthy, or dangerous ATOD use practices. Provide an example consistent with your messages to youth.
- Provide lots of love, support, and encouragement and help a child learn to do something well.

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MAKING PREVENTION WORK

Actions for Patrons of the Arts

- Place prevention print ads in play bills on a space available basis. As a starting point, call NCADI for FREE camera-ready print ads. Look for opportunities for mutual print-space exchanges; e.g., a prevention program's newsletter could carry print ad announcements of the symphony's youth concert series in exchange for space in the symphony programs.

- Sponsor contests for young artists in which they create a "work" in a specific art form on a prevention theme. The winning works could be performed, exhibited, or published by the sponsoring agency. This could be a joint project between a prevention program and an arts organization—to the mutual benefit of both.

- Introduce a kid to "better things to do than drugs" by buying an extra seat to a performance. Maybe this is a child you are acquainted with, who you know isn't likely to have the opportunity to go to such events.

- Explore possibilities to make day-of-performance tickets available for young people (at high risk for developing problems), to experience a rehearsal, opening, special performance, or other event. Local transportation companies are often willing to provide transport as a community service.

- Sponsor a mentoring program that encourages artists to give lessons to young people, or become a mentor through the counseling program in your local school. Research has shown that bonding with one caring adult is all it takes to keep most children out of trouble.

- Exchange information about alcohol, tobacco, and other drug problem prevention with other patrons and artists. Include information about the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS.

- With your fellow patrons, discuss the role the arts can play in helping young people resist alcohol or other drugs; e.g., such as providing creative or artistic outlets for their energies. Some communities have formed "arts and prevention" committees whose membership draws from the arts community and from programs that serve youth. These committees form a launching pad for mutually beneficial initiatives that also benefit young people in your community.

- When planning social events, consider hosting alcohol-free affairs. This makes a statement about your group's commitment to prevent injury or death associated with drinking and driving, especially around holidays. An added benefit is that your group can also save money!

- Provide guided tours or presentations to groups of young people from organizations that are providing prevention programs, such as CSAP grantees. These opportunities can underscore the connections between development of talent and the development of resilience skills that help protect youth from alcohol and other drug problems. Likewise, prevention programs can invite patrons of the arts to tour and become acquainted with their programs.

- Seek out other beneficial collaboration between artists and arts organizations and organizations that are serving young people who are at high risk for developing problems with alcohol and other drugs.

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MAKING PREVENTION WORK

Actions for Schools

- Be aware that transitions, such as going from elementary school to middle school or from middle school to high school can be particularly stressful for youth. Incorporate specific programs to ease this type of stress.
- Set up a buddy system for new students or students in transition. The loneliness and isolation that often go along with being the new kid in town lead some children to turn to alcohol, tobacco, and other drugs (ATOD).
- Encourage teachers and other school personnel to model the behaviors you are promoting among students. For instance, do not allow smoking on school grounds.
- Offer student assistance programs, ATOD-specific counseling services, and easy, confidential access to other ATOD helping resources in the community.
- Train teachers and other school personnel on recognition and referral of alcohol-, tobacco-, and other drug-related problems.
- Get involved in communitywide efforts to eliminate alcohol and tobacco billboard advertising near schools.
- Develop a healthy response to stressful circumstances, such as a student death or violent incident. For example, hold group meetings where students are encouraged to share feelings and ask questions.

Elementary School

- Hold classes that show how ATODs affect the body and brain and teach students how to avoid drug dealers and people who offer them alcohol or tobacco products.
- Focus on health promotion information that fosters and helps internalize the desire to be healthy.
- Focus on information that enhances the mastery of resistance skills and social competence.

Middle School and High School

- Focus information on risk-taking behaviors and external influences on behavior.
- Use peers to help deliver prevention information.
- Present a series of assemblies on the most current information about alcohol, tobacco, and other drug issues. Assemblies can feature films, local celebrities, and educational materials.
- Ask students to sign a pledge not to use ATODs or ride with anyone under the influence. Give students incentives to sign, such as gift certificates or coupons.
- Sponsor ATOD-free proms and graduation celebrations. Give students incentives to participate.
- At school sporting events, announce brief prevention and safety messages via the public address system.
- Encourage the editors of your school newspaper to run public service announcements, articles written by students, and reprints from other publications on ATODs.
- Be aware of the connection between ATODs and sexually transmitted diseases, including HIV/AIDS. Make students aware that using alcohol and drugs can lead to unplanned and unprotected sex.. Many drugs also interfere with the body's immune system.

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MAKING PREVENTION WORK

Actions for State and Local Governments

- Establish clear policies prohibiting alcohol, tobacco, and other drug (ATOD) misuse and abuse.
- Place prevention messages in all government buildings.
- Enforce existing policies and laws (underage purchase of tobacco and alcohol; no use of tobacco in public buildings; no alcohol and tobacco billboards near schools; etc.).
- Encourage a comprehensive approach through wider and more effective coordination among those engaged in prevention services (social, health, legal, nonprofit, business, law enforcement).
- Use the "bully pulpit" of the office to discourage underage use of alcohol and tobacco and all use of illicit drugs.
- Offer alternative activities for youth such as ATOD-free music or sports events, festivals, and celebrations.
- Advocate change through drafting and promoting initiatives that encourage alcohol, tobacco and other drug prevention.
- Set up community partnerships to encourage and sustain involvement of community members. Ask them to develop a model "healthy" community. Set goals and objectives for the effort so progress can be reported through the media.
- Nurture new prevention programs in the workplace aimed at changing the "corporate culture" with regard to the use of alcohol, tobacco, and other drugs; help parents keep their children away from ATOD; build a healthy workplace environment; etc. Ensure that the government has established effective employee assistance programs for government staff.
- Challenge State and local governments to provide prevention services in the workplace for their own employees.
- Sponsor a regional Prevention Summit to exchange prevention knowledge and technologies ready for implementation or replication throughout the region.
- Monitor access and availability of alcohol, tobacco, and other drugs as they relate to the "well-being" of the community, e.g., hours of service, vending machines, reduced-cost specials, density of outlets, etc.
- Tap into technical assistance and training capabilities to enhance prevention efforts. Check the resource list in the *Making Prevention Work* booklet for organizations you can contact.
- Educate citizens about how ATOD problems in neighborhoods are linked to domestic violence, child abuse and neglect, loitering, teen pregnancy, dropouts, job absenteeism, traffic crashes and fatalities, fires, vandalism, suicide, homicide, illness and disease, and increased health care costs.
- Be a positive role model. Do not engage in any illegal, unhealthy, or dangerous ATOD use practices. Provide an example consistent with your messages to youth.

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MAKING PREVENTION WORK

Actions for Victims of Natural Disasters

We know from experience that alcohol, tobacco and other drug (ATOD) problems increase as a result of a natural disaster such as an earthquake, flood, or hurricane. After Hurricane Hugo, for instance, beer consumption rose 25 percent, violence increased, the divorce rate rose by 30 percent, and several parents gave up custody of their children.

Following are action steps individuals and communities can take to help minimize an increase in ATOD-related problems:

Individuals

- Be aware that life stresses, such as the loss of a loved one, home, or possessions, put you at greater risk of increased ATOD use. Keep in mind that alcohol, more than any other drug, is linked to a high incidence of violence and aggression.
- To counter feelings of anger, depression, or aggression, keep busy during waking hours, get plenty of rest, make sure you're doing something meaningful to you, don't be alone, find someone to talk to, and be open about your fears and concerns.
- Investigate your community's resources to locate people with specialties such as stress management, ATOD expertise, or medical knowledge.
- Locate a local doctor and convene a group of citizens to discuss the possible health hazards that have come about as a result of the disaster.
- Keep yourself active and connected through volunteering in your community. Help with cleanup or rebuilding, start a food drive, deliver supplies to elderly and needy people, and collect household items and clothing for distribution.
- Hook young people up with groups like 4-H, Boy and Girl Scours, YMCA, or any kind of youth program that may be in your area. If no youth activities are available, organize a group of your own and have food collecting, clothing drives, or games and toy collecting contests.
- Promote family, community, and group activities. Just like adults, young people have feelings of stress and frustration.

Communities

- Talk to the local newspaper or broadcast outlet to arrange for a "kid section" whereby young people can do their own reporting on what is happening in the disaster area.
- Have a "volunteers appreciation night" at a local community organization to commend the efforts of local heroes. Distribute self-help information to those who participate.
- Get corporations to donate money, space, and community events to support victims of the disaster.
- Talk with public affairs directors to make sure that public service announcements dealing with disaster information or relief have an ATOD prevention component. Provide a short script with a local resource number, if possible.
- Create monitored, ATOD-free areas where young people can gather to play basketball, volleyball, or other outdoor activities. If your community lacks these areas, work with others in your community, such as a business or school, to create them.

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MAKING PREVENTION WORK

Actions for Youth-Serving Groups

- Make prevention of alcohol, tobacco, and other drug (ATOD) use by youth a priority for your community, organization, or group. State your commitment in printed materials and public comments on behalf of your group.
- Obtain and use prevention tools and materials from local libraries, county alcohol/drug abuse prevention directors, State RADAR (Regional Alcohol and Drug Awareness Resource) Centers and the National Clearinghouse for Alcohol and Drug Information as well as private nonprofit organizations.
- Establish a clear no-use policy regarding ATOD for all youth activities. Make clear the consequences for violation of this policy. Host appealing ATOD-free alternative activities for underage people; encourage schools, parks and recreation departments, and other youth-serving groups to offer such activities.
- Host ATOD-free social events for adults to illustrate that adults can enjoy normal social activities whether alcohol is served or not.
- Sponsor ATOD prevention programs for youth. Many good programs are available through both public and private sources. However, community-based organizations serving youth often develop effective programs of their own, tailored to the specific needs and resources of their environment.
- Be aware of the connection between alcohol and other drugs and sexually transmitted diseases, including HIV/AIDS. Make youth aware that using alcohol and other drugs can lead to unplanned and unprotected sex. Many drugs, including alcohol and tobacco products, interfere with the body's immune system.
- Incorporate resiliency-building interventions and strategies, shown to help buffer stresses experienced by youth living in families with ATOD-related problems.
- Take a comprehensive approach to prevention efforts. Serve as a leader, supporter, or active participant in other community-based efforts to prevent ATOD use by youth.
- Advocate public policies shown to reduce underage ATOD use and related problems.
- Provide and supervise "safe havens" or secure ATOD-free areas where youth can gather for social, recreational and athletic activities, particularly in communities where public parks, playgrounds, streets, vacant lots and the like attract ATOD users, drug dealers, gang activity, etc.
- Encourage schools to offer student assistance programs (SAPs), ATOD-specific counseling services, and easy, confidential access to other ATOD helping resources in the community.
- Encourage media to deliver positive ATOD prevention information and messages targeting youth audiences and to cover popular ATOD-free youth activities.
- Be a positive role model. Do not engage in any illegal, unhealthy, or dangerous ATOD use practices. Provide an example consistent with your messages to youth.
- Be a consistent, caring adult.

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SAMPLE TALKING POINTS

- We must all join forces and take a comprehensive approach to fighting drugs. No one school curriculum, or law enforcement policy, or alternative activity, or family intervention will prevent the devastating problems of substance abuse. Prevention means safer and healthier neighborhoods and communities throughout the country.

- The investment we make in prevention pays off. Less funding is required for hospitals, jails, and special education programs resulting from substance abuse problems. Investing in prevention now means investing in the future.

- New voices have been raised in praise of drug use—particularly marijuana use—by a number of groups in the rock music industry. Too many teens are buying the deadly message that drug use is OK or trendy. According to a recent survey, marijuana use among 8th, 10th, and 12th graders is on the rise. The challenge to parents, communities, and the government is to counter drug-glorification images in popular culture and make prevention work.

- Failure of a national prevention program would lead to a drug epidemic that would very likely see an increase in the number of people with substance abuse problems, with all of the adverse implications for more crime, family violence, and morbidity and mortality, as well as higher health care, prison, and drug treatment costs.

- Prevention must begin early in order to build resiliency so our youth can rebuff the negative influences that can lead to substance abuse. We cannot *prevent* a drug problem once it has begun.

- Successful prevention can lead to reductions in traffic fatalities, violence, HIV/AIDS and other sexually transmitted diseases, rape, teen pregnancy, child abuse, suicide, cancer and heart disease, injuries and trauma, and other problems associated with substance abuse.

- Successful prevention means getting to our children before the drug dealers do. It means keeping our youth in school and preparing them for new opportunities in life.

- Each new generation of young people must learn about the dangers of drugs if they are to be deterred from huffing, smoking, snorting, shooting, and getting drunk. Effective prevention must be an ongoing process.

SAMPLE PROCLAMATION

We Work for Prevention Week

WHEREAS, alcohol, tobacco, and drug abuse significantly contributes to health problems, health care costs, crime, violence, HIV/AIDS, and other serious problems in this Nation and in this community; and

WHEREAS, preventing the abuse of alcohol, tobacco, and drugs could substantially decrease the problems named above; and

WHEREAS, community-based strategies that reduce alcohol, tobacco, and drug abuse are known and have been implemented successfully around the country; and

WHEREAS, this community wishes to mobilize its forces to work for the prevention of alcohol, tobacco, and drug abuse and proposes to draw attention to this effort in order to involve everyone in the community;

NOW, THEREFORE, I, [*name of public official*], do hereby proclaim [*date*] as Work for Prevention Week in [*name of town or community*]. I also call upon all citizens, government agencies, public and private institutions, businesses, hospitals, and schools in [*name of town or community*] to promote awareness of the problems associated with alcohol, tobacco, and drug abuse; the causes of substance abuse; and the opportunities and actions available to us to establish safer and healthier norms regarding the use of alcohol, tobacco, and drugs for all citizens, particularly our youth.

_____

(Signature)

CASE STUDY

CSAP, COLORADO, AND NATIONAL LET'S STOP KIDS KILLING KIDS WEEK

For Colorado's Regional Alcohol and Drug Awareness Resource (RADAR) Center operated by Colorado's Alcohol and Drug Abuse Division (ADAD)—the timing was perfect. In March 1994, the Center for Substance Abuse Prevention (CSAP) distributed its media materials for State and local adaptation in conjunction with National Let's Stop Kids Killing Kids Week April 25 - May 1.

Violence had just become a very hot issue in the State, and all State agencies were under pressure to launch statewide anti-violence activities within existing budgets and mandates. ADAD was looking for a public education project which could be produced and distributed quickly and economically.

The CSAP materials called attention to the link between substance abuse and violence, offered suggestions for local activities before and during the national week, and provided facts, sample public service announcement scripts, a model news release, resource lists, and other products.

RADAR Center Director Linda Garrett crafted a covering news release on her agency's letterhead, marketing National Let's Stop Kids Killing Kids Week, and calling attention to recent crime data in Colorado. Sets of the CSAP materials and her release were duplicated and sent to ADAD's prevention contractors and to the CSAP Community Partnerships in the State. Distribution also included the newly created Colorado Violence Prevention Advisory Committee and media throughout the State.

Garrett contacted Denver television stations to coordinate support for local broadcast of the special and to offer her center's help in providing handout materials to supporting community-based organizations and individual viewers. For media and/or public appearances, she recruited a list of people from around the State who were knowledgeable about substance abuse and violence-related topics such as child abuse, law enforcement, domestic violence, social work and medical care.

The Governor's Office was alerted to the project, and Garrett collaborated with the Colorado Department of Health's public relation's staff on media activities. State contractors and the CSAP grantees received follow-up fax reminders and discussion guides. The Center for the Study and Prevention of Violence at Colorado University/Boulder agreed to serve as an additional resource.

The outcomes were many:

- Significant support for HB94-1360, providing $3.6 million in grants for youth crime prevention and intervention.
- A commitment to highlight violence in the following year's State alcohol and drug abuse prevention conference (subsequently titled "Substance Abuse and Violence...Closing in on Solutions").
- Good media support for the National Let's Stop Kids Killing Kids Week activities, including numerous references to the substance abuse link.
- New and strengthened relationships with both violence- and substance abuse-related interests locally and statewide.
- Increased recognition of and appreciation for ADAD's resource center, which had "produced" an effective statewide public awareness campaign on a timely issue with no special funding, advance planning, or disruption of normal services.